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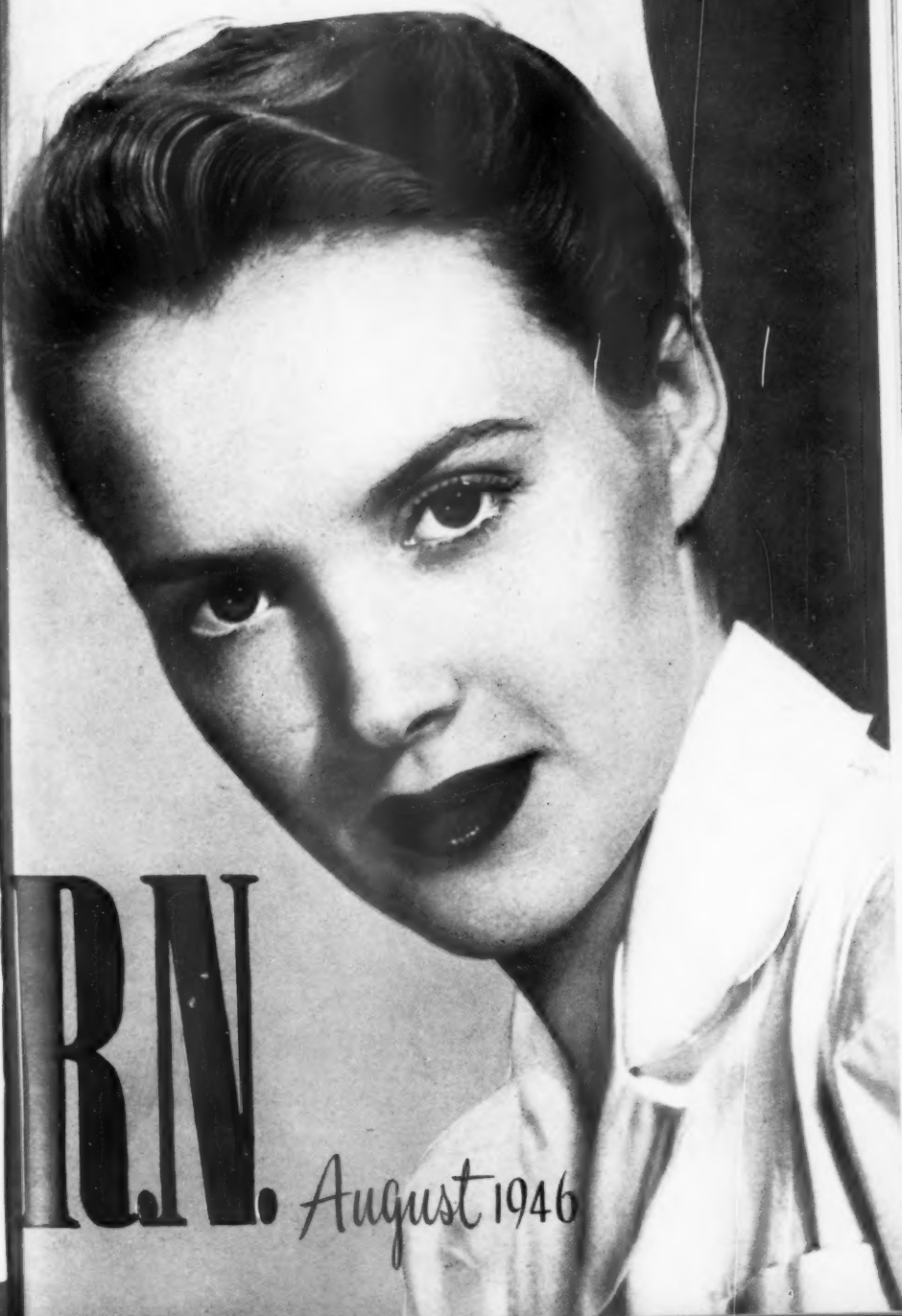
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—R. N.



R.N.

August 1946



KOLYNOS

Cleans **TOO!**



Entertain your child patients with "Kolynos Kids." They're easy to make—send for free folder.

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POWDER • PASTE

After a thorough, conscientious brushing with Kolynos Paste or Powder, the teeth and mouth feel clean . . . thanks to the positive action of polishing and cleansing agents whose safety and suitability are constantly scrutinized by some of the most exhaustive tests known to science.

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RN

—A JOURNAL FOR NURSES

NIGHTINGALE PRESS, INC., RUTHERFORD, N. J.

Contents

AUGUST 1946, VOL. 9, NO. 11

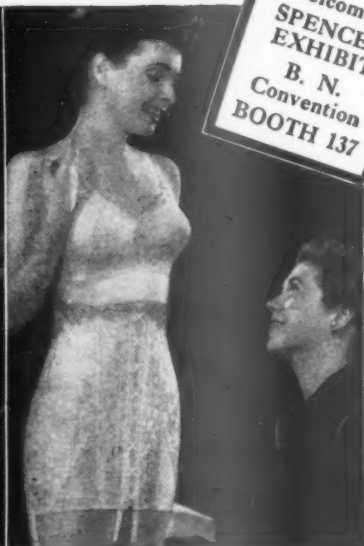
- 7 Debits and Credits
- 19 Science Shorts
- 27 Memo from the Editor
- 28 How to Hold Your Own at Meetings
Anne M. Goodrich, R.N.
- 31 The Mysterious Nurse of Manila
Alice R. Clarke, R.N.
- 32 Australia is a Land of Promise
Gloria Olson
- 37 Sister with Wings
Joyce Burns Glen
- 38 Bringing Them Back to Life
Carolyn Valentine, B.S.
- 40 Anthallan—Hay Fever Cure?
- 41 A Short Dialogue on Labor Unions
- 42 “—As You Were!”
Jo Brown
- 44 I Volunteered for Flood Duty
Doris Rhea, R.N.
- 46 How to Anchor a Bandage
Sylvia S. Clarke, R.N.
- 48 Reviewing the News
- 52 Hospital Managements Start a Trend
- 85 Positions Available

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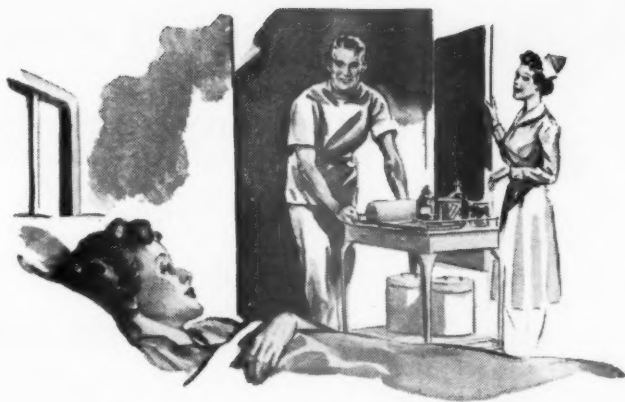
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For Abdomen. Back and Breasts

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ALL THE NUTRIENTS

Essential for a Food Supplement

Because of the recognized relationship between rapid postsurgical recovery and satisfaction of metabolic requirements, modern nutritional practice advocates postoperative feeding as early as possible. As a component of the post-surgical dietary, the delicious food drink which results from mixing Ovaltine with milk offers many nutritional advantages. Palatable and refreshing in taste, it can be given as soon as nutrient liquids are tolerated, and usually proves acceptable though other foods may be refused.

This delightful food supplement supplies a wealth of essential nutrients required in the recovery and healing processes—biologically adequate protein, readily utilized carbohydrate, easily emulsified fat, essential B complex and other vitamins including ascorbic acid, and necessary minerals. Thus it provides all the nutrients considered essential, in easily assimilated form, a factor of particular importance in abdominal surgery. Few dietary supplements can equal this food drink for early postoperative feeding.

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*Based on average reported values for milk.

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... for short
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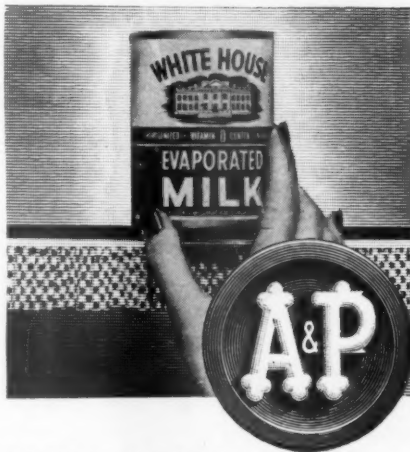
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Second helping of "Sunshine"

Baby gets vitamin D from the sun, of course — but too much sun is harmful to young, tender skin. That's where White House Milk shines. It provides that second helping of "sunshine" vitamin D₃. No other nationally known evaporated milk provides more. Creamy White House is also rich in each essential nutrient of fresh milk — and yet it's easier to digest. There's none better!

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Debits and Credits

Comparison

Dear Editor:

Why should general duty nurses gripe about private duty nurses getting more money than they? I've done both general and private duty. When the former, I was thankful for all the private duty nurses who took care of, generally speaking, the sick-est cases. But this doesn't seem to be the attitude held by many general duty nurses.

I've considered the benefits of the general duty nurse as well as the private duty nurse and find that there is very little difference. In our hospital, the private nurse gets \$8 per day plus two meals. The general nurse gets \$125 per month plus three meals per day, room, two uniforms laundered per week, two weeks vacation with pay. Then, too, the g.d. nurse doesn't have to pay fare to and from work. Some of them work a half-hour longer each day, but most p.d. nurses spend more time than that in traveling back and forth.

We choose the kind of work we like to do, so it's up to each of us to make the most of our jobs. Griping doesn't help.

The hospitals could help matters,

too, if each had a box for suggestions from its personnel. Constructive suggestions could be brought to the proper parties and this would eliminate a lot of griping.

R.N., NEW YORK CITY

Red Cross

Dear Editor:

I should like to know how the nurses, particularly those who served with the Armed Services, feel about our connection with the Red Cross. I, personally, would like to see us separate our nursing organization from the Red Cross, and I have heard many of the nurses who have been overseas express the same opinion. Many seem to feel that the Red Cross was and is more of a detriment than a mark of prestige for us as a professional group.

What do others think?

Jeane E. Polk, R.N.

SAN ANTONIO, TEXAS

[A.R.C. served as recruitment agency during the war, did a good job, although many believed adequate military nurses could have been enrolled without what they called "middle-man meddling." An Act of Congress would be required to

"Professional Evaluation"

finding work, and environment that brings out the best in people—is the guiding theme of our service. Call it a sixth sense, if you will, but we prefer to believe that our success is due to hard-earned experience, and keen observation of the Medical Assistance field.

We realize each one of you is an "individual" in ability, temperament, attitude, etc.

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alter Red Cross relationship to military nursing. Would readers like R.N. to review A.R.C., its past and future?—THE EDITORS.]

Aided

Dear Editor:

I was in the A.N.C. for 22 months. The greater part of that time was spent as head nurse of evacuation wards in this country. This meant that the boys were coming in on C47's direct from all theatres of war and at all hours of day and night. We were all just as happy to see them as they were to be home, but naturally it meant bathing and feeding them, and dressing their wounds. An admission was 150 to 200 boys. I honestly don't know what we would have done without nurses' aides or volunteers. They just pitched right in and kept going until everything was straightened out and every boy was comfortable.

"Unappreciated", [R.N., May]. you did a fine job wherever you may have helped out and I'm speaking for many nurses with whom I worked.

Hilda Newell, R.N.
HUNTINGTON, N.Y.

Union

Dear Editor:

It seems a pity that the only solution to higher pay for staff nurses is a union and the closed-shop contract.

It is well known that most staff nurses are underpaid. The hospitals will not offer more salary, and many nurses refuse to work for the money



Which way will these twigs incline?

Remember that old saying, "As the twig is bent . . ." ? It applies just as truly to the children of Europe and Asia as it does to those right here. They can grow to strong, good citizenship. Or, warped in mind and body, embittered by constant hunger—listen to another Hitler a few years from now!

What you do in this critical hour will help decide their future. So won't you back up in every possible way our promise to send food?

That means sharing your table, so long as the need is pressing. Surely, you'll continue to salvage fats, serve potatoes, save flour. Put up your vegetable crop, so you can give more to the Emergency Food Collection.

While we may scrimp, each of us will still eat well. There's abundant nourishment at your market. There's milk—and many other dairy products—to lend meals high health value.

Of course, you'll take as much care not to waste milk as you will to conserve other

things. Because it's nature's most nearly perfect food, milk is precious, too. Make every drop work for your family's well-being. We'll work, now as always, to keep it wholesome and pure.

Dedicated to the wider use and better understanding of dairy products as human food . . . as a base for the development of new products and materials . . . as a source of health and enduring progress on the farms and in the towns and cities of America.



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M. BURNEICE LARSON, *Director*

When you have a problem—what do you do with it? Carry it to your friends? If you have tried that you have probably added to the burden of the problem itself the weight of much well-meant and conflicting advice. Friends cannot be pleased simultaneously!

If your problem is an occupational one, you will probably find our service ideal. Our recommendations will be based on an analysis of your qualifications and desires—uninfluenced by any other considerations. Our sole purpose will be to help you work out your own plans—not to make plans *for* you.

Opportunities for the RN wishing to relocate at this time are plentiful. May we assist you in your planning by sending you a comprehensive report on those for which you would qualify? We shall be pleased to send you further information concerning our service if you are not familiar with it.

M. BURNEICE LARSON

Director, THE MEDICAL BUREAU

Palmolive Building

Chicago 11

offered. General duty nursing is very hard. During the war I did staff duty because I thought that my hospital needed me. The pay was very poor, the work arduous. At that time we talked over the idea of having a committee formed to study what could be done about the working conditions and salaries. Nothing came of it. No one was particularly interested except the staff nurse herself.

As for paying a union a \$5 initiation fee and \$2 a month—that is sheer madness! Are we going to join up with such as run the unions in this country today? It is indeed a sorry thing to contemplate for the future of nursing.

Let those nurses who care to work in hospitals get together with their hospital boards and iron out the difficulties. Let all the alumnae associations take a firm stand on the matter. We *must* pull together!

R.N., WORCESTER, MASS.

[Actually, professional organizations over long periods of time have made the greatest strides in improving hours and wages. Union efforts locally have solved immediate and specific salary problems, thereby perhaps seeming more dramatic.—THE EDITORS.]

Floating Hospitals

Dear Editor:

In October 1945 the matter of floating hospitals was brought up at a Veterans Council meeting in Long Beach. A committee was appointed and we approached the Veterans Administration as no new hospitals for

Many heretofore
INTRACTABLE SKIN CONDITIONS
will yield to this highly
Rational Combination

Combining the well-established therapeutic efficacy of **TARBONIS** (Liquor Carbonis Detergens 5%) with the proven antibacterial actions of sulfathiazole (5%), **SUL-TARBONIS** merits the physician's choice for the treatment of impetigo contagiosa, chronic infectious eczematoid dermatitis, infected varicose and other chronic ulcers, furunculosis, seborrheic dermatitis, infected tinea corporis and tinea pedis, dermatophytide with secondary infection, pyoderma, and in all other types of infected cutaneous lesions.

In a controlled study, Keeney et al. treated 16 children afflicted with infected eczema. They reported "The infection was well controlled in each child after forty-eight to seventy-two hours of treatment (with 5% sulfathiazole ointment), but the eczema remained unaltered. The children were then placed on a 5% carbonis detergens ointment. One week thereafter the eczema in 13 of the children became reinfected. The sulfathiazole was then incorporated in the carbonis detergens ointment with dramatic and persistent improvement in the infection and the eczema." (Keeney, E.L., et al.: Sulfathiazole Ointment in the Treatment of Cutaneous Infections, J.A.M.A. 117:1415 [Oct. 25] 1941.)

Sul-Tarbonis is greaseless and free from objectionable tarry odor; it does not discolor skin or fabrics, and is so bland it can be used safely on infants' skin or highly inflamed surfaces.

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Physicians are invited to send for clinical sample and literature

Now! A NEW, BETTER, WHITER --- Energine Shoe White!

Here it is—the wonderful new, whiter Energine Shoe White you've been waiting for! Actually makes dirt and smudges disappear—and, at the same time—whitens your shoes beautifully, with a fleecy white finish that's uniform from toe to heel!

Try this new, improved, whiter Energine Shoe White—and see for yourself what it does for your shoes! It's easy to use, goes on in a jiffy, and there's nothing that stays on better! Get the big bottle today.

Remember—Energine Shoe White does two things at the same time:

*Cleans
as it
Whitens!*



veterans were allocated for California. Large numbers of disabled vets were locating here and the need for beds was great.

A reply from Major General Paul R. Hawley informed us that due to the shortage of professional help they were only able to take over service hospitals which were located sufficiently close to medical centers.

We now have allocated 4,000 beds, the V.A. taking over the available Army and Navy hospitals and making contracts with local hospitals which are still crowded.

Nurses and other medical personnel are returning in large numbers and we think a few hospital ships anchored along the coastline would be very practical and afford care and housing for our returning vets.

E. C. MACDONALD, R.N.
LONG BEACH, CALIF.

Mismanaged

Dear Editor:

As we all know, there is a great shortage of R.N.'s as well as M.D.'s. The fault lies with hospital management.

A Washington, D.C. doctor told me he never sent a patient to one of the larger hospitals there because it was a commercial institution, the money going into the pockets of the managers who were very wealthy.

I helped carry a hit-and-run case into this same hospital and the dying woman was placed upright in a wheelchair because a dirty male attendant said the stretcher was in the repair shop.

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Everybody knows him...

Early or late, he's a familiar figure to every policeman on the street—he's the Doctor—he's on an emergency call!

● A Doctor's life isn't his to live as he chooses. There are interrupted holidays and vacations and nights of broken sleep. Emergencies require his presence for long, exacting hours... with somewhere a pause and perhaps a cigarette. Then back to his job of serving the lives of others.



According to a recent independent nationwide survey:

**MORE DOCTORS
SMOKE CAMELS**

than any other cigarette

R. J. Reynolds Tob. Co., Winston-Salem, N. C.

TRY THIS NEW CREAM FOR DRY SKIN ROUGH HANDS

AT NO COST TO YOU

An all-purpose lanolin compound cream, fully effective yet with none of natural lanolin's greasiness, stringiness or objectionable odor. LAMO (Nason's) cleanses and softens the skin, supplies fatty materials which may be lacking or removed by harsh detergents or antiseptics and at the same time affords protection more lasting than "Washable" ointments. Applied before going on duty LAMO gives this protection throughout the day; used after washing it soothes and restores the suppleness of the skin. LAMO is a valuable aid to nurses and technicians who wish to keep their skin soft and normal—as a matter of pride and for the comfort of their patients.

In 1-oz. and 4-oz. tubes and 1-lb. jars. At druggists or direct from Tailby-Nason Co., Boston 42, Mass.

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Please Send me FREE Sample Tube of LAMO

NAME.....
HOSPITAL.....
OR FIRM.....
STREET.....
CITY.....STATE.....

RN-8-46

ing schools periodically, it would be a good idea to check on the hospitals. I've seen toilets which could not be flushed, as well as other unsanitary conditions in nurses' quarters.

A 1945 graduate from a large hospital in New York State told me that out of a class of 50 students, five contracted T.B. because the T.B. cases were mixed in with others and the young students lacked sufficient experience in the care to be taken.

A nurse friend from one of our largest medical centers told me that R.N.'s often have to do maid's work. The patient with money gets first choice, even if he or she is not sufficiently ill to require special attention, while very ill patients are often deprived of needed care.

Perhaps if hospitals were managed properly, there would be no need for the full page ads which are appearing daily in the newspapers!

Emma A. Sanford, R.N.
LONG ISLAND CITY, N.Y.

Cover Girls

Dear Editor:

I have greatly admired your covers and have often wondered who posed for them. Could you put the name and hospital of the nurse on the index page? Or are they posed by professional models?

Mrs. L. B. Kihm, R.N.
YOUNGSTOWN, OHIO

[Whenever an R.N. poses for an R.N. cover, her name appears on the contents page. No mention is made when a professional model is used.—THE EDITORS]

Improved Results in TRICHOMONIASIS

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OFFICE

Vioform Insufflate...available in bottles of 1 and 8 ounces, containing Vioform 25%, boric acid 10%, zinc stearate 20%, lactose 42.5% and lactic acid 2.5%.

Vioform Insufflate

First in the two part treatment is the weekly office procedure. The vaginal vault is washed with tincture of green soap or other agent of choice and dried well. Then VIOFORM INSUFFLATE is employed by means of suitable powder insufflator so as to thoroughly cover the vagina, including the fornices.



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Vioform Inserts...available in box of 15 inserts. Each insert contains 250 mg. Vioform, 25 mg. lactic acid and 100 mg. boric acid.

Vioform Inserts

Patient's daily home routine:

- Place a moistened Vioform Insert in the posterior fornix on retiring.
- Eliminate or minimize douching...using only vinegar or acetic acid in suitable dilutions to maintain normal acidity of vaginal secretions.
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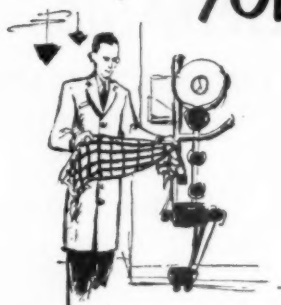


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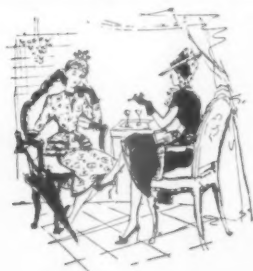
THE FABRIC EXPERT SAYS: "It won't rot or fade fabrics!"—(Yodora has been pronounced chemically harmless to apparel fabrics by the Better Fabrics Testing Bureau.)



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GOOD HOUSEKEEPING SAYS: "It's guaranteed as advertised."—(Yodora carries the money-back guarantee of the Good Housekeeping Institute. Why not discover Yodora today?)



THE WOMEN-WHO-USE-IT SAY: "It gives powerful protection . . . yet it's so soothing and lovely!"—(Made on a face cream base. No irritating salts. Never gets grainy.)

YODORA CREAM DEODORANT

"checks perspiration odor the SOOTHINGEST way"



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PUBLICATIONS

McKesson & Robbins, Inc., Bridgeport, Conn.

Compare
this infant cereal
with any other



CLAPP'S INSTANT CEREAL FOR BABIES

Pre-cooked...ready to serve

Clapp's Instant Cereal is prepared from mixed cereals, fortified with vitamins and minerals, notably vitamin B₁ (thiamine) and Iron, in which the diet of infants and young children may be deficient.

INGREDIENTS

Whole Wheat Meal • Corn Meal • Wheat Germ • Malt • Non-fat Dry Milk Solids • Calcium Phosphate • Dried Brewers' Yeast • Salt • Iron Ammonium Citrate.

TYPICAL ANALYSIS

Carbohydrate 73.1%	Iron (Fe) 30 mg. per 100 gms.
Protein (Nx6.25) 15.0%	Copper (Cu) 2 mg. per 100 gms.
Fat (ether extract) .8%	Thiamine (B ₁) 1.0 mg. per 100 gms.
Ash (total minerals) 3.3%	Riboflavin (B ₂) 0.3 mg. per 100 gms.
Crude Fiber 1.6%	Moisture 5.7%
Calcium (Ca) 800 mg. per 100 gms.	Calories per ounce 102.
Phosphorus (P) 580 mg. per 100 gms.	

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INSTANT CEREAL: For infants, 120% of vitamin B₁; 20% of vitamin B₂. For young children, 60% of vitamin B₁; 113% of Iron; 32% of Calcium; 22% of Phosphorus.



The Council on Foods of the A.M.A. suggests that infant cereals may well be selected upon the basis of furnishing vitamin B₁ and Iron. Clapp's Cereals are an excellent source of these two food elements and thus are preferred for inclusion in infants' diets.

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TAKES THE ODOR OUT OF STALE PERSPIRATION

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Science Shorts

Dr. Paul H. Case of Arizona reports on the successful use of the "intra-capsular" method of removing cataracts of the eye. The method calls for removal of the lens capsule intact, including the entire lens, leaving only the clear pupil. The advantages in this method, according to



Dr. Case, are that sutures may be used to close the wound following operation and it is not necessary for the cataracts to "ripen" before removal.

of sulfonamide therapy, Dr. Harry F. Dowling of Washington has made some interesting observations. He concludes that patients who have previously experienced dermatitis or conjunctivitis when receiving one of the sulfonamide drugs will run a greater risk of similar reaction during subsequent treatment with any of the sulfonamides.

Governors of two of the 48 States are under 40 years of age, while one State has a governor aged 82.

Stuttering occurs nine times more frequently among males than among females.

A new synthetic drug, which may possibly prove to be a curative agent for vivax malaria, has been described by Dr. Nathan L. Drake of Maryland. Known as SN-13,276, it minimizes the danger of toxic effects.

A report in *Industrial Medicine* describes the successful use of edrisal, a new analgesic compound, employed in the treatment of 200 cases of dysmenorrhea. More than 96 per cent of the patients were benefited.

If potatoes are allowed to stand one hour after baking, they lose 50 per cent of their vitamin C content.

A substitute for blood plasma in the form of a gelatin solution has been successfully used in over 400 cases at the Mayo Clinic.

Reporting on the toxic reactions of patients undergoing a second course

Drs. Joseph P. McCracken and Joseph H. Pratt of Boston feel that gout is still a forgotten disease and that 48 per cent of the cases which have recently come to their attention had not been correctly diagnosed,

Consider these figures. Do they indicate you would spend all your income on maintenance if you came to the West Coast?

GENERAL DUTY

\$190 a month—Charge of \$45 for maintenance

\$195 a month—Charge of \$18 for furnished apartment

\$175 a month—Maintenance furnished

These quotations represent actual positions now open. A few others are listed below. Our nurses always have our assurance of maintenance or rooms at reasonable rentals.

ANAESTHETISTS—(a) For 100-bed San Francisco Bay hospital; \$265, maintenance furnished at \$45; limited call. (b) Catholic hospital, inland California; \$250, full maintenance. (c) Approved hospital, Northern California; \$250, meals and laundry.

ALASKA—(a) Office nurse; excellent working conditions; \$200. (b) General duty nurses, small Catholic hospital, new nurses' home; \$200. (c) Laboratory and x-ray technician; hospital; \$225. All positions in southern coastal region, mild winters.

INSTRUCTORS—(a) Science instructor; 300-bed Catholic teaching hospital, Southern California; \$250. (b) Practical arts; 600-bed county hospital east of San Francisco; \$265; charge of \$39 for maintenance.

OBSTETRICAL SUPERVISORS—(a) Master's degree required for busy obstetrical department, large training school; Southern California; excellent salary. (b) postgraduate course and good supervising experience; reorganize department, 100-bed hospital, Central California; \$250, maintenance.

SUPERINTENDENT OF NURSES—Small training school; scenic location, Oregon. Degree preferred; \$225, maintenance.

SUPERVISORS—(a) Afternoon supervisor for house; 100-bed Northern California hospital; \$255. (b) Night supervisor; small private general hospital, inland, north of Los Angeles; \$235. (c) Medical ward teaching supervisor, Southern California county hospital; \$225.

SURGERY—(a) Endowed 45-bed hospital, Los Angeles suburb; \$195, maintenance. (b) For 200-bed county hospital, seaside resort town, Southern California; \$215, less \$40 for maintenance.

TECHNICIANS—(a) X-ray and laboratory; Arizona clinic; \$225-\$250, house. (b) Experienced laboratory technician; fine California group; inland California; \$225-\$250.

CHIEF DIETITIAN—Large private general and approved hospital, Northern California; \$200, meals, laundry.

Business and Medical Registry

609 South Grand Ave., Los Angeles, Calif.
(Agency) Elsie Miller, Director

and without correct diagnosis, adequate treatment is impossible. They report that this disease still causes a great amount of needless suffering.

A group of students given chewing gum containing vitamin K reduced the occurrence of new cavities from 60 to 90 per cent.

A report in the *Annals of Internal Medicine* tells of the treatment of empyema with penicillin in which the general condition of all 24 of the reported cases was markedly improved. Fifty to 65 per cent of empyema due to pneumococcus, hemolytic streptococcus, and staphylococcus, were completely cured without operative drainage.

A new baby crib made of lucite has recently been put on the market. Formed from a single thick sheet of plastic, the crib is easy to clean and the baby can be seen from all angles at all times.

McIntire Unit, U.S. Naval Hospital of Great Lakes, Illinois, reports the treatment of 1,265 cases of pneumonia over a four months period in which no deaths occurred.

A new compound to reduce high blood pressure has been described by Dr. A. L. Lands. Known as O-277, it is still in the experimental stage.

An outbreak of scabies which occurred in a group of 15 women working in an office was definitely

THE NURSES' FAVORITE WHITE SHOE CLEANER



NOW BETTER THAN EVER!

Wartime research has made GRIFFIN ALLWITE—the white shoe cleaner you've voted your favorite in survey after survey—whiter, brighter, finer than ever!

Wait 'til you see the beautiful, snowy, rub-off-resistant finish the new and improved GRIFFIN ALLWITE gives your shoes. And GRIFFIN quality assures you that the chemically neutral formula of GRIFFIN ALLWITE is absolutely safe for all white shoes—leather or fabric—no matter how often you use it.

In the bottle or in the tube, GRIFFIN ALLWITE is more than ever your best buy today!

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★ Uniform or date-dress — anything you wear is most becoming to you when *you* are becoming to *it*. Want your entire face to be more charming and expressive? Simply accent your eyelashes with safe Maybelline Mascara . . . your brows with Maybelline smooth-marking Eyebrow Pencil. Notice the soft, realistic effect of this famous Eye Make-up in Good Taste. See what a difference its subtle flattery makes! Solid or Cream Mascara — Black, Brown, Blue, 75c. Maybelline soft, smooth Eyebrow Pencil, Black or Brown. Handy Maybelline purse sizes at all 10c counters.



traced to one contact who handled papers and pamphlets which the other 14 women also handled. Thirty-five more women in the same room did not come in contact with the papers and were not affected with scabies.

A report from England states that there are over five times as many widows as widowers.

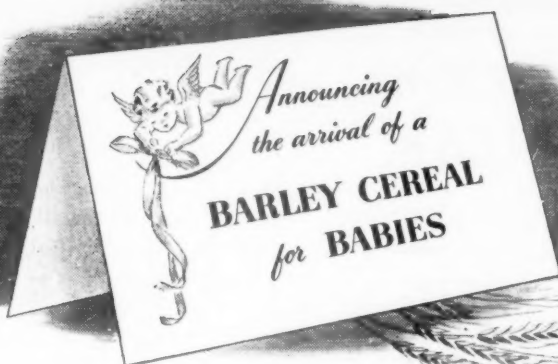
A further report from the United States Army Medical Corps reveals that destruction or suppression of the blood formation system and disturbance in liver function are the primary causes of illness in people suffering from the after effects of the atom bomb.

A new paper designed for lining closets and drawers is impregnated with 5 per cent active DDT insecticide to protect clothing.

Over 20,000 voluntary health agencies to which the public contributes over \$100,000,000 have sprung up in various parts of the country in the past 40 years.

Dr. Frank H. Lahey has reported 89 successful operations in which the patients' stomachs were removed completely and a "substitute stomach" provided through a loop in the intestine.

A study of the penetration of penicillin into the foci of infection reveals that intermittent intramuscular injections of large doses of penicillin at



Long before today's methods of baby feeding, there was a history of both medical and popular reliance on the virtues of a gruel made from barley.

Now the makers of Gerber's Cereals offer Barley Cereal for babies with all the nourishing qualities of barley supplemented by the dietetic advantages of Gerber's Cereal Food and Gerber's Strained Oatmeal.

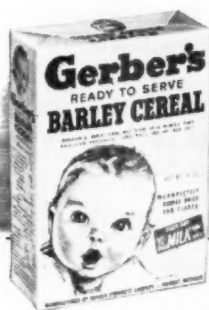
Like these two Gerber's Cereals, the new Barley Cereal is very low

in crude fibre, is pre-cooked, ready-to-serve and mixes creamy smooth by adding milk or formula. It is enriched with added iron and dried yeast—a good natural source of thiamine and other members of the B complex.

Gerber's Barley Cereal is priced within the reach of every mother.

The addition of Barley Cereal makes available a variety of *three* special cereals for babies. Serving variety has been found helpful in improving baby's appetite.

Professional reference cards and samples of Gerber's Barley Cereal will be sent you on request. The coupon below is for your convenience.



GERBER PRODUCTS CO., Dept. 358-6, Fremont, Mich.
Gentlemen: Kindly send me complimentary samples of Gerber's Barley Cereal and Professional Reference Cards.

Name.....
Address.....
City..... State.....

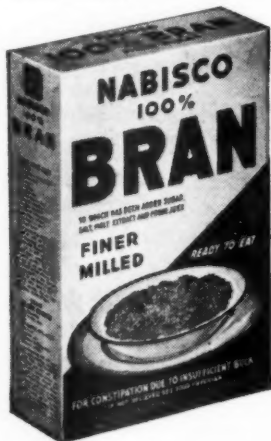
CEREALS...STRAINED FOODS...CHOPPED FOODS

Good tasting DIET-BULK plus 3 important nutrients

A cereal dish you'll find patients really enjoy — and so helpful, too, when constipation is due to insufficient bulk in the diet! That's Nabisco 100% Bran!

Containing Vitamin B₁, iron, phosphorus and all the nutritive factors of whole bran, Nabisco 100% Bran is finer-milled to make bran particles smaller, "easier" on the patient. Mild and gentle in action.

Sold in pound and half-pound packages at food stores.



finer-milled
TO MAKE BRAN PARTICLES SMALLER



BAKED BY NABISCO
NATIONAL BISCUIT COMPANY

three-hour intervals are more effective in the control of local infections than continuous intravenous administration of the same total daily amount.

The lower the temperature in freezing meat the more tender the meat is and the smaller the drip loss on thawing, according to Food and Nutrition News.

In an effort to reassure the public, which had become unduly alarmed over the possible ill effects of radar, the Army Air Forces have conducted experiments with guinea pigs which show radar waves to be completely harmless and to have no relation to the causes of baldness or sterility.

In Germany the use of pancreas glands for food has been prohibited so that the gland collection may increase to help raise the output of insulin.

Saddle block or low spinal anesthesia using nupercaine has been reported in the *Southern Medical Journal*. The block was used successfully in a hundred normal deliveries.

An infra-red eye which can see 15 miles in the dark has been developed at John Hopkins University.

According to statistics compiled by the Metropolitan Life Insurance Co., twins are born more frequently in Canada than in the U.S.A., but triplets and quadruplets are relatively more frequent in the U.S.A. than in Canada.

Must

INCREASED IRRITATION

follow

INCREASED SMOKING?

PEOPLE are smoking heavily . . . far more than ever before. To minimize nose and throat irritation due to smoking, may we suggest the cigarette *proved** definitely and measurably less irritating . . . PHILIP MORRIS.

This proof of PHILIP MORRIS superiority is dependent *not only* upon laboratory evidence, but on clinical observation as well. Research was conducted *not by anonymous investigators, but by recognized authorities* . . . and published in leading medical journals.

The fact is PHILIP MORRIS advantages result directly from a *distinctive method of manufacture* described in published reports.

**Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154; Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60; Proc. Soc. Exp. Biol. and Med., 1934, 32, 241; N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.*



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119 FIFTH AVENUE, N. Y.

Nurses' Hands Work Hard

but you can help protect them!



See how quickly this soothing cream helps smooth, soften work-roughened hands!

• Of course nurses' hands "take a beating." But don't let *yours* get red, rough, unattractive! Do what scores of nurses do—use the soothing, snow-white, greaseless cream, Noxzema, regularly!

Actual tests show Noxzema helps heal even badly chapped hands faster! That's because it's a *medicated formula*. It not only helps soothe and soften the dried-out skin, but helps heal the tiny cracks—helps restore red, rough hands to normal white smoothness.

Surveys indicate that 7 out of 10 of all the nurses interviewed use Noxzema. One writes: "I find solutions make my hands very red and rough; I tried Noxzema and was delighted with the remarkable improvement!" Try Noxzema for *your* hands! Get a jar at any drug counter today and see if it doesn't help your skin look softer, smoother, lovelier!

NOXZEMA



Memo from the Editor

ONE OF THE MOST important phases of your Biennial convention program next month will be a round table on collective bargaining sponsored by the A.N.A.'s Committee on Employment Conditions for Registered Nurses.

No topic is of more dramatic concern to R.N.'s now than this one. Those State associations which have already recognized the value of this method of getting a better living for their nurse-members have proven conclusively that a professional association *can* succeed in this unfamiliar field. Within relatively little time, and with almost no practice, nurses have demonstrated that they need not fail merely because they are ethical, and professional, and women.

The success of any collective bargaining program depends on many factors out of the hands of the A.N.A. directors or the Committee on Employment Conditions.

It depends first on practical things like money for publicity to educate nurses (as well as the public) in regard to bargaining for better wages and hours. It depends on strong district committees, willing and able to support State headquarters. And, most important of all, it depends on "leadership" and "followship"—equally informed, equally energetic, and equally inspired to get results.

To this end, we would like to see young nurses, or nurses with young ideas, assigned to local committees on employment conditions. They should be working nurses who have experienced the economic changes of the past few years not from high administrative posts but from private duty or ward nursing jobs. Women like this have a fair chance of convincing employers of nurses that the only solution for the "nurse shortage" is to remedy its causes, to correct the unfavorable employment conditions which are driving nurses out of nursing.





How to Hold Your Own at Meetings

by Anne M. Goodrich, R. N.

HAVE YOU EVER KNOWN a group of people more dependent on tools and techniques than we are? This goes for life outside the hospitals as well as within—and right now I am thinking particularly of the season ahead and the full calendar of events scheduled for us by our professional associations from district up to the national.

Beginning with the Biennial next month, we will be deluged with meetings and a wide variety of important professional problems to be studied and solved. These meetings need several things for their success—a constructive program, a forceful chairman, an informed and interested audience which participates in discussion, enters into friendly debate, and represents minority and majority opinion equally well. You can't have that kind of meeting unless the tools and techniques for its conduct are available and familiar to all.

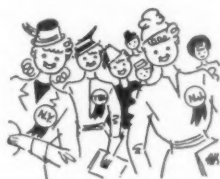
Most of us jump away in fright at mention of "parliamentary procedure," our "tool" for good meeting conduct. Yet industrialists and labor leaders all over the country take for their bible the familiar "Robert's Rules of Order." They learn it from cover to cover in order to be certain

that in open forum debate or discussion they may never fail to represent their views adequately for want of the acceptable method. So if, sometimes, we wonder at the slowness with which nursing associations and individual nurses seem to get results, should we not also wonder whether or not we as nurses have done as much as other organized groups to learn result-getting methods? Understanding of parliamentary procedure is readily within our reach, if we will make just a little effort.

All law is the outgrowth of custom. Parliamentary law is the outgrowth of customs regulating the procedure for group conduct throughout the ages. There are minor variations in procedure depending on the types of groups conducting business, but most organizations follow the recommendations set down by General Henry M. Robert in 1876 when he simplified the acceptable procedure of the House of Representatives and made these valuable rules available to ordinary societies everywhere. While it would be impossible to learn "Robert's Rules" from one short article, perhaps a brief review of highlights applicable

to nursing may lead some of you—as it did me—to a more thorough study and the conclusion that the technique of conduct at meetings isn't nearly so complex as I had thought.

The whole structure of parliamentary procedure is based upon the concept of order, good taste, and good manners. Obviously, everyone at a meeting could not talk at once



nor could a variety of ideas be expressed in quick succession before action had been taken on any of them. Therefore, we have the main question or motion. A motion is merely the accepted way of bringing the attention of the entire group to focus on one specific point of business.

An idea in the form of a motion is quite simple. You rise and pause to be recognized by the chairman. Then you state your name and affiliation (hospital, district, committee, for example). Next comes your idea in motion form: "Madam Chairman, I move that we appoint a committee on salaries."

Each motion must have a second before it can be acted upon. This is to prevent just one person with an idea from taking every one else's time if no one else is interested in the subject. As soon as the motion has had a second, the chairman throws

the question open for discussion. This means that each member has a right to rise to her feet, be recognized by the chair, and state her views, pro and con.

In order to prevent two people from speaking at once, the chairman must recognize one person at a time. If you have not been recognized, you sit down until the person who has received recognition is finished speaking, then rise again, saying, "Madam Chairman." In large meetings you may have to rise to your feet several times before getting recognition from the chair. Some organizations have a rule that one member may not rise to the same question twice until all others have been heard. You may continue to rise until you have been recognized.

If, after listening to a discussion, you feel that a motion might be more acceptable to the group if some part of it were deleted or if some phrase or thought were added, you may rise and, after recognition by the chair, say, "I should like to amend the motion to read that we appoint a committee on personal practices to consider salaries and living conditions." You should state as clearly as possible how you wish the motion amended and you may, if you wish, make an introductory remark as to why you are proposing the change. For instance, "It seems that the membership feels there should be a committee to work with hospital administrators on more phases of the question than just salaries for nurses. Therefore, I should like to offer an amendment to the motion,"—and

then state your amendment as above. The amendment must also have a second and then it may be discussed or, if there is no discussion, it may be voted upon immediately.

This vote which follows an amendment is confusing, sometimes, as it is easy to assume that you are voting on the entire question. This is not the case. You are merely voting to revise or not to revise the original motion. In this case, if the "Ayes" have it, the original motion is amended to read that a committee is to be appointed to consider personnel practices. Now the question is open for further discussion or may be brought to a vote which will decide whether or not such a committee will be appointed. If the membership votes "No" to the amendment, the question in its original form remains before the house for a vote.

A "Yes" vote on an amendment does not bind you to a "Yes" vote on the motion.

When a motion is on the floor, it is out of order to bring up any other subject for discussion. Members may discuss the motion, pro and con, or they may offer amendments to the motion, but any discussion of another related or unrelated subject must be postponed until the motion before the house has been acted upon.

Sometimes discussion continues long and tediously and without leading anywhere. Rise and address the chair, saying, "I move the previous question," or, "I move that we close debate and vote immediately on the pending question."

A motion to close debate takes precedence over all debatable questions (save one). A motion to close debate requires a two-thirds vote of the assembly, and if it receives this two-thirds vote, no further debate or amendments can be offered. The original question must be voted upon at once.

The only exception to this is a motion "to lay on the table" which may be introduced before or after someone has already moved to close debate. To "table" means that the entire subject is held over until such future time as it is decided to "take it from the table" and reopen it for discussion. Don't make such a motion unless you sincerely believe that a cooling off period or pause for further study will benefit everyone.

If someone makes a motion which you consider against the best interests of the association, you may object from the floor. An objection is in order only at the time the question is first introduced and before it is seconded or debated. Suppose someone had moved that ward maids be made



eligible for membership in your organization. You may rise and without waiting to be recognized say, "Madam Chairman, I object to the consideration of this motion." Your objection does not require a second, it is not [Continued on page 56]

The Mysterious Nurse of Manila

by Alice R. Clarke, R.N.

IN THE YEAR that has passed since the end of hostilities in the Pacific, one episode in particular has clung doggedly to my memory. It occurred while I was serving as public relations officer for the A.N.C., and it struck me then—as it does now—as one of the most moving and mysterious enigmas in the history of nursing.

Manila, after its liberation, was a hot, steamy mass of ruins. By a strange twist of fate, one of the few buildings only slightly damaged was the Holy Ghost University which had been turned into a refuge for Germans, other Jap-sympathetic nationals, and a few Swiss.

Among those few who survived the flames of those days of liberation was a little old lady, white-haired, wrinkled, wiry though pitifully thin. She rode out the years of the Jap occupation perched high in the Manila Hotel, retaining the suite of rooms she had occupied before the war and refusing to get out even after the Japanese turned the hotel into an officers' residence and club.

She was stubborn and forceful, despite her age and years of war, and when—a month after our forces took the city—we were evacuating the Holy Ghost University in order to set up a hospital there, she refused to leave. "I am not a German,

and I won't go," she said with emphasis. "I am Mrs. Paul Hube, a citizen of Switzerland, and once I was an American Army nurse!"

Who is Mrs. Hube? How did she manage to stay at the Manila Hotel,



and why did she want to? What place, if any, did she hold in the complicated web of money and politics that was Manila before the war? Where was her allegiance? Why hadn't she been interned by the Japs? What right did she have to call herself a former U.S. Army nurse? These were the questions we nurses asked ourselves then, and after a year of peace they are still largely unanswered.

Our officers failed to budge this woman—she wouldn't change her story, and she refused to leave Holy Ghost. She was as unmoving with us as she claimed to have been when the Japs tried to evict her from the Manila Hotel. So she stayed, a strange guest in a private room at our newly [Continued on page 68]



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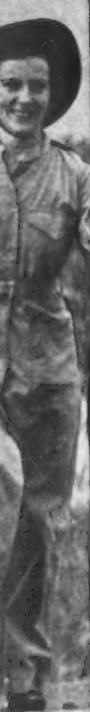
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Nursing Around the World:

Australia Is a Land of Promise



IN THE SPRING OF 1942, two convoys from the West Coast of the U.S. arrived, about six weeks apart, at Melbourne and Brisbane. Along with troops and supplies, they put ashore about 300 nurses, the first American women to be assigned there for war service. About half of the A.N.C.'s went by jeep and truck to the Melbourne Children's Hospital, where they were to be billeted pending orders, and it was here that American nurses had their first look at the Aussies, and the Australian nurses their first contact with us.

The sentiment which developed out of this mutual association was well expressed for both nations by the gentle yet capable Australian nurse who served as house mother for the Americans. "Why!" she said, with apparent astonishment. "You look just like us—excepting you're bigger."

A.N.C.'s felt exactly the same way toward the Australians. There were differences, of course. But the average American nurse came away with the impression that Australia is like

the United States—big and sprawling, young and new and fresh and full of opportunity. Like our own native land, Australia is fuller of the future than it is of the past.

Nurses who, later in the campaign of the Southwest Pacific, had leave-time in Australia, took some of it to look into the Commonwealth's nursing services. Here, too, they sensed the same youthful hope and vigor, the same problems—and the same promise of better professional things to come. Australia already has set a high professional standard for nursing, and if this level is not quite what it is in the States it is not because the Australian public—nurses and laymen—do not want it so. Leaders of the profession "down under" watch with interest developments within the framework of nursing education as we know it. The war set them back as it did nursing all over the world; but they will make their recovery as fast as circumstances permit.

First step in this direction, perhaps, is a drive to increase the availability

Fearless in war, gallant in peace, Australia's nursing-sisters now turn their hopes and their hearts toward the promise of the future.



*Australia will spend millions to build new hospitals like this
—the George V Memorial Hospital in Sydney.*

of nurses, for Australia—like the U.S.—is currently experiencing a nurse shortage. Recently, the government announced from Sidney that among the vanguard of 35,000 migrants to be brought this year from Britain and the Continent will be large numbers of nurses. The inducements are: adventure in a new world, a better standard of living (particularly as to nutrition in the immediate postwar years), a chance to serve in the building up of the Australian nursing profession, and a salary comparable in buying power to \$35 to \$90 a week in the U.S. (the former being for staff nurses and the latter for matrons).

Australian candidates for nursing must pass a minimum educational-qualification test before acceptance by a school of nursing. For a general nursing certificate, the training per-



iod is three years in all States but New South Wales, where it is four. The nurse must pass the Nurses' Registration Board of Examiners before obtaining her certificate; then she receives the title "Sister," and is eligible for membership in a nursing association. These are numerous and similar to our district and State organizations, but they function independent of the Australian Nursing Federation and make policies and decisions without centralized control.

Contrary to some opinion, these associations are not unions. Nursing was recognized legally as a profession by decision of the Commonwealth Ar-



Royal Melbourne Hospital boasts model nurses' home with sitting rooms equipped for a wee "cupper" tea.

bitration Court, September 1945. Hospital employees other than doctors and nurses *are* unionized.

Throughout the Commonwealth, nurses work a minimum 44-hour week and receive time-and-a-half pay for overtime. Staff nurses and students receive three weeks vacation with pay annually; they work on the wards with a ratio of one nurse to ten patients on days, and one to fifteen nights. Opportunities for postgraduate studies are offered by the Royal Victorian College of Nursing in T.B., orthopedics, infectious diseases, E.E.N.T., and other specialized fields. Australian nurses consider this a "good deal" and American observers are inclined to agree with them. Before long, p.g. facilities will be extended to include preparation for teaching and hospital administration,

with fees for tuition coming from the Florence Nightingale Memorial fund, now in process of being established.

One of the most interesting of Australian nursing services is that of the Bush Nursing Association, a cooperative, decentralized, self-supporting group which provides hospital and nursing care for the thousands of Australians living on remote ranches, farms, and small country homes. Pioneered in 1910 in Victoria, the system has spread to each of Australia's five other States. It began with a single nurse in a weatherboard cottage at Beach Forest in western Victoria. Like the Frontier Nurses of our own Kentucky, Bush nurses in the beginning set out daily on horseback or by buggy to visit the sick within a 25 mile radius from headquarters. Now, in Victoria alone, the association op-



The comforts of home—plus! This is the nurses' residence at the Royal Melbourne Hospital.

erates 67 hospitals, 15 health centers, and employs 100 nurse-sisters.

The hospitals vary in size from five to 32 beds, and from houses adapted for limited nursing care to larger and better equipped small hospitals. Bush nursing originally was supported by contributions from local families, but now fees are charged. In addition, federal subsidies are paid up to 6 s. per patient per day who receives "public ward care." All patients ad-

mitted to a Bush nursing hospital must be under medical supervision, except in emergencies.

In contrast to this simple "nursing home" program, are the great metropolitan hospitals, modernly equipped and employing nursing staffs of several hundred. Frequently, American Army hospitals used these hospitals in Australia during the war.

Australia provides special care for infants and children and about 98 per cent of the nurses take a nine-months' midwifery course and four months in infant welfare after completing their general training. Baby health centers are frequently spaced



throughout suburban and metropolitan areas, and baby Health Caravans carry free prenatal and postnatal nursing care to remote inland districts. Each center or caravan is maintained by local civic funds and federal aid on a dollar-for-dollar basis; nurses' salaries are paid by municipalities. With government maternity allowances annually creating "new and increased business" for these services, midwifery is rapidly becoming an important career in itself.

An expanding government health program promises to open up still more special fields. Thus, Australia's nurses look to the future with hope . . . and enthusiasm! —GLORIA OLSON



Sister with Wings

by Joyce Burns Glen

THERE IS NO chance that Sister Myra Blanch will ever find her job monotonous or beg for a change of scenery. She is Australia's first civilian "Flying Nurse" and for nearly six months she has been visiting her patients by aeroplane. This new "Flying Nurse" service is an auxiliary of the already renowned and much publicized Flying Doctor Service which brings medical attention to settlers in the Commonwealth's remote outback regions.

Sister Myra is an army veteran with many months service at an army hospital in Bougainville. Her headquarters are at Broken Hill, a mining center in Western New South Wales. From this base the air ambulance takes her to families who live on station properties within a radius of several hundred miles. Sometimes she flies with the Flying Doctor, sometimes alone. Actually, few of Australia's Flying Doctors, who provide a 24-hour-a-day service, fly their own planes, being ferried to their patients by Flying Doctor Service pilots. If Sister Myra ever finds the time, she plans to learn to fly, just in case she ever has to do so in an emergency.

Her duties consist of careful follow-up of cases which the doctor has already treated, and also giving advice on the home care of the patient

when the illness is not serious enough to call the doctor.

To the women of the outback who rarely see another female, and whose social life consists mainly of preparing meals for their menfolk, drovers, jackaroos, roustabouts and the like, a visit from the "Flying Nurse" is a Red Letter day. Where it would take a nurse hours and possibly days, if the weather were bad, to reach an isolated station by road, the "Flying Nurse" can now drop in for a "cupper tea" and give advice on the new baby's teething troubles and the general care, feeding, and management of a family of youngsters being brought up in the heat, dust, and loneliness of the outback. Now all the mother with a problem has to do is to phone, or call for the trained nurse by radio.

Sister Myra has had a busy time since she took to the skies. In her case book are records of having attended to pneumonia, scarlet fever, septic sores and a hand with lymphadenitis, acute conjunctivitis, mumps, whooping cough, and strained back.

There is no doubt that this new "Flying Nurse" service is a tremendous success and that it will soon be extended to all the other centers from which the Flying Doctors are currently able to operate in Australia.



Bringing Them Back to Life

by Carolyn Valentine, B. S.

THE YOUNG Red Army private had been pronounced dead, and to all commonly used tests he had reached a state of complete cessation of the life processes. But, this was no ordinary case. Within one and a half minutes after his death was pronounced, a trained team went to work on the "corpse." In one minute the heart took up its beat, and three minutes later breathing started. A short hour after his "death" Private Valentin Cherapnov opened his eyes, answered questions, and asked for a drink of water. Private Cherapnov, literally raised from the dead, is still alive and under observation by medical men.

This was a dramatic conclusion to the work of reviving organisms, work which has gained impetus through the efforts of V. A. Negovski in Soviet Russia. After reviewing the literature of attempts that were made to revive the apparently dead, Negovski came to the conclusion that the first stage of dying, known as agony, is the struggle of the organism against death. This is followed by a second phase, known as *clinical* death, and is a passive condition which is followed by complete cessation of being or the true *biologic* death. Negovski, recognizing the borderline or steps through which

the body must go before irrevocable death, employed the value of all past work. He then attempted to inhibit the agonal process, hold off clinical death, and restore functions to the dying organism, i.e. revival.

Obviously, it is impossible to accomplish revival in cases where vital organs have been completely damaged, but it has proved feasible in acute states of shock, recent trauma, extreme exsanguination, asphyxia, etc. While biologic death is final, experimental work and clinical observations have shown that clinical death is vastly different, and in its early stages it is possible to obtain complete restoration of all vital functions.

Other investigators have observed that during the clinical death stage the heart may continue to beat and Fogelson obtained an electrocardiograph one hour after death. Shore observed that a state of minimal cardiac activity with gradual diminution may last for hours during the agonal state.

The intensive work in this field began in 1887 when Pavlov and Chistovich isolated the mammalian heart by cutting the blood and nerve supply. Later Langendorf revived the function of the heart after it had been isolated and removed from a dead ani-

mal. The first scientist to revive the human heart was Kulyabko who, in 1902, resuscitated the heart of a three months' old baby who had apparently died of pneumonia.

Similar to modern work, were experiments in 1873 when Schiff attempted to revive a whole organism by direct massage of the heart. He did succeed in making the heart beat for eleven and a half minutes, but it stopped as a result of syncope. In 1905, Winter suggested intracardiac injection of adrenalin, a procedure that met with general acceptance and successful use to the present day. Jaultrain, who first introduced the washing out of the blood in man in 1934, reported temporary improvement after purification but the patient was so gravely ill that he did not survive.

There was more progress when several scientists exsanguinated dogs, than accomplished revival after introduction of blood into the jugular vein or carotid artery toward the heart and brain. Others used a combination of



artificial respiration, indirect massage of the heart, intracardiac injections of adrenalin, addition of oxygen to air injected into the lungs, reflex stimulation of the respiratory centers, stimulation of sensory nerves in the mucous membranes and, in cases of

blood depletion, transfusion into the iliac artery.

The work of Negovski is based primarily on intra-arterial infusions and artificial respiration with bellows. He found that complete and lasting recovery of vital functions was obtained only when the duration of death did not exceed five to six minutes. He and his co-workers mobilized to even greater extent at the beginning of the war and applied their fight to save the lives of soldiers. They continued to use arterial infusion of blood with adrenalin and glucose, together with powerful artificial respiration as the most effective method of revival.

Work in the laboratory involved 250 dogs of various breeds. Pantopon ether was given subcutaneously, and to prevent blood from clotting, the animal received internally, prior to bleeding, a 2 per cent solution of heparin. Then in the exsanguinated animals (conducted through a cannula inserted into the femoral artery) respiration was started five to eight minutes after clinical death. The heart action usually stopped before or with the last breath. During transfusions of blood a pressure was maintained that was sufficient to close the aortic valves and to start circulation in the coronary vessels. This was well-controlled for if blood pressure was too high it might rupture the small blood vessels and produce hemorrhages in the body. When the heart began to contract rhythmically and vigorously, the introduction of blood was changed to the venous route, and adrenalin was added to the blood-glucose solution. [Turn the page]

At the same time, and starting at the beginning of the resuscitation process, artificial respiration was instituted. An apparatus blew air into the lungs, through introduction of a rubber tube connected with the respirator into the trachea, fitted with a valve that closed with inspiration and opened with expiration.

When clinical death was prolonged and survival of the animal in doubt, they used another type of apparatus which consisted of an artificial heart made up of two rubber bulbs. In

difficult cases of prolonged clinical death Negovski saturated the transfused blood with oxygen.

In all of these experiments a careful evaluation of the phenomena of death was made. All phases were considered and recorded—circulation, respiration, metabolism, changes in the nervous system of the dying (gradual disappearance and return of reflexes) and brain wave patterns.

Long reports of observations were made on every experimental animal and
[Continued on page 78]



Anthallan—Hay Fever Cure?

IN JUNE, newspapers and radio suddenly, and with considerable enthusiasm, announced the “cure” for hay fever. Front page stories told of the discovery of “anthallan,” and thousands of sufferers were convinced that all of their troubles were over. Then, in a matter of days, the story faded and passed into the limbo of other one-day wonders.

Here is the story behind the headlines, all too typical of other occasions when laity publications interpreted science without sufficient confirmation.

The report on anthallan appeared in a reputable medical journal of limited circulation. The author of the article coined the phrase “hyperesthetic rhinitis” which covered cases of “hypersensitivity of the nasal mu-

cosa,” characterized by nasal discharge, sneezing, and nasal obstruction. Apparently the new term was used to cover the large group formerly called vasomotor rhinitis or hay fever. (Medical men seem to feel that they are in no need of a new term, believing it will prove confusing to add another terminology at this time.)

In the study, anthallan was used to treat 42 sufferers, and there were no control patients. Numerical values were given to the symptoms and by using a complex system, a percentage was assigned to the improvement that was noted. The values were assigned on the strength of the patient’s statement of his own condition, color of the mucous membrane, amount [Continued on p. 80]



A Short Dialogue on Labor Unions

HERE IS A PARTIAL transcript of a conversation between one of our editors and a labor union organizer in a city where Labor is currently making a bid for nurse membership.

SHE: Are unions going to employ the strike method of getting results in hospitals, and will union nurses be required to respect picket lines and take part in them?

HE: Nurses will have to decide for themselves whether they will cross picket lines and whether they will strike. Whatever union nurses decide, the union will back them up.

SHE: If you should organize all nurses, who would operate the schools of nursing?

HE: We will try to organize everything that we possibly can.

SHE: Why are union dues as high as \$2 monthly in addition to initiation fee of \$3?

HE: We expect to spend at least \$5,000 per community where we plan to organize nurses and other hospital workers. If we can get through good-sized pay raises, the nurses will get their money's worth.

SHE: But the nursing associations are asking hospitals to increase wages and they aren't increasing their dues . . .

HE: Whatever the A.N.A. asks,

we will ask something better. It is going to be our policy to get our members higher pay than the A.N.A. recommends.

SHE: Does that mean you are fighting the A.N.A.?

HE: The union wishes to state very clearly that there is no rivalry between us and the A.N.A.

SHE: Can you explain your \$2 fine for non-attendance at meetings?

HE: That's to keep a clique from fouling up the program. We check attendance by punching the cards in the girls' union books. Another innovation we introduced recently is to encourage union nurses to buy union products. We're also encouraging union men to patronize unionized hospitals.

SHE: Why are nurses organized under such Locals as the machinists, building service workers, aircraft mechanics, and other such fields seemingly unconnected with hospitals?

HE: Sometimes they're industrial nurses tied up with those industries. In the case of building service workers, the low wages of nurses are holding down the wages of maids and janitors and we want to give these other workers a raise. We want to give everybody a break, especially the nurses, and incidentally we have some janitors [Continued on page 60]





"—As You Were!"





I Volunteered for Flood Duty

by Doris Rhea, R. N.

THE TELEPHONE CALL for flood duty came from Kentucky while I was leading a round-table conference on American Red Cross disaster nursing preparedness at the Eastern Area office. Two hours later my car was headed for the flood scene. Twenty-four hours after discussing nursing duties in disaster, I was putting them into actual practice!

The Cumberland River, swelling with heavy rains, suddenly had burst over its banks in a flash flood that had laid waste twenty mountain counties of eastern Kentucky. Seven persons were dead and nearly 5,000 families were affected. Obviously, it was going to be necessary to cross swollen streams on swinging bridges and climb muddy hills and mountainsides to reach patients marooned by flood waters.

"The Red Cross frequently supplements community health facilities in the control of communicable diseases"—we had said in the conference. That was yesterday, preparation for disaster. Today, this was it.

Three-fourths of one of the counties to which I was assigned was endangered by health hazards and local health authorities feared the immedi-

ate spread of disease. When I arrived, the two-day flash flood waters were receding, leaving knee deep mud, debris, and damaged buildings. Safe drinking water, food, and normal utilities seemed to have disappeared with the receding waters.

The little mountain town's one hotel had been flooded to the second story during the height of the water. We settled ourselves as comfortably as possible, recognizing that intervals without heat, water, lights, blankets and hot meals would be a part of disaster duty. For the townsfolk, all of this was a sidelight to the real tragedy. The entire business district had been flooded out and stores and restaurants opened only after a week of feverish scrubbing, of stocking shelves with new supplies and of meeting requirements for "safe" articles and meals for sale. During this period, Red Cross Canteens were fountains of soup, coffee, and sandwiches. A Red Cross shelter was set up for refugees whose homes and household goods had been washed away in the flood.

Chilly weather followed the disaster and in my outdoor treks over the mountainous country, I had good reason to be glad that I had packed extra sweaters, boots and a raincoat. Hot

coffee was a welcome source of warmth, but in the emergency period it served a second purpose—a substitute for drinking water.

Eleven other disaster reserve nurses were called to the scene to assist in the two-fold nursing responsibility—looking for illness and protecting against it. To reach this objective, we

assisted in a county-wide typhoid immunization program conducted by the local public health officials, and we served as public health nurses in making home visits to all cases of illness caused by flood conditions.

Plans for these programs grew out of a meeting of all agencies involved. Representing the American Red Cross were the local chapter's disaster nurse, the chairman of the preparedness committee, the director of disaster operations from Eastern Area Disaster Service and the Eastern Area Nursing Service representative. We met with the county health officer, county public health nurse, county and State sanitary engineer, consultant nurse for the State health department, U.S. Public Health Service officer (nurse) and the food and drug inspector for the State health department.

The meeting emphasized the danger of typhoid and the necessity for complete coordination of all of our efforts to provide the protection so important to the community. Each agency had its job to do—*cooperation* in the over-all plan was the basic theme. Notices were posted throughout the county warning people to boil all the water they used, notices giving locations of immunization centers for typhoid inoculations, instructions regarding the handling of tin or glass food containers; all of this was a part of the "protection" program.

Considerable home-canned food

"We served as public health nurses, making visits to all cases of illness caused by flood conditions."



had been submerged in the dirty flood waters and food poisoning was not a minor concern of the health officials. Could we be sure that the homemakers realized that flood water seeps under glass jar rubber rings, shrinks them and allows bacteria to enter? Could we be sure that food in glass jars would be destroyed and that undamaged tin cans would be rinsed in chlorine before use? Other hazards? Influenza and pneumonia were resulting from wet bedding and mattresses. How were the families drying or disposing of these articles? There was plenty to do for each one of us and

we worked together to meet each problem as it was presented.

Disaster reserve nurses returning from various assignments in the area brought human interest anecdotes. The story of Jane, who quickly responded to her Red Cross chapter's call for nurses urgently needed in this emergency, was also the story of—and tribute to—many other discharged Army and Navy nurses now serving in homefront disasters.

On arrival, she stepped from the train into foot-deep mud. Walking three blocks from the station to the hotel meant crossing sandbags ar-

How to Anchor a Bandage

BY SYLVIA STORLA CLARKE, R.N.

“OH NURSE, my bandage came off!”

Impossible!—Why, yesterday it looked like a model for “Professional Hints On Bandaging.”

Nevertheless, today it leers at you from a wrinkled drawsheet, resembling the handiwork of a Bungling Bertha. Why? Because it wasn't properly anchored.

In the bandaging class of your probie days, you did all right on the classroom dummy. What's the trouble now? Simply this: Patients *move*, and have a *circulation* to be considered.

Ever try the *Incomplete Figure of 8 Method* of applying adhesive anchors?

This trick, learned in an industrial hospital where dangling bandages are taboo, has proven its worth.

Perhaps you too, have been circling the top of your dressings with an adhesive strip, hoping for the best.

Let's say you were lucky; the bandage was still intact the next morning. Yet, in the interim, the extremity may have swollen, giving the odd effect of an overstuffed sausage that has been tied with a string! Your troubles are over when the *Incomplete Figure of 8 Method* is used.

It gives:

Comfort to the patient.

Eliminates circulatory dangers.

Keeps bandage in place, allowing it to serve its initial purpose.

It provides minimum of skin coverage with adhesive.

Besides that, it's simple as saying “acetabulum.” [Continued on page 74]

ranged in stepping stones through knee-deep water. She hitched a ride in a truck packed with Red Cross supplies of Army blankets and cots.

Reporting to headquarters, she soon realized that what looked like utter confusion was actually a carefully planned system of operation.

On her first assignment she accompanied the health officer to a nearby rural area where several families had been isolated by a flooded creek. Reports of serious damage and unsanitary living conditions made immediate investigation necessary. The grocer in that area had worked long into the night to clean up his store after receding flood waters, and so this building became a temporary immunization center.

One of the nurses assigned to home visits told us of a 19-year-old mother whose baby had been born the morning of the flood. When the waters rose that afternoon, the family evacuated her to an ice house nearby where it was cold and drafty but at least dry. The nurse had found her there and notified the doctor who had attended her and who was searching frantically for his patient. She was removed to the local hospital. An infection, aggravated by exposure, was promptly taken care of with penicillin and thorough medical-nursing care.

Still another nurse was assigned to shelter duty in one of the churches where 150 refugees were housed. Here, daily inspections of every per-



*"And, in the South Pacific
the flowers grew everywhere."*

son were made for any symptoms of communicable diseases. This procedure gave her the opportunity to teach handwashing before meals and to observe diets, particularly those provided children and elderly persons. Dietary problems were referred to Nutrition Service, another phase of the Red Cross program, whose workers cooperate with the volunteer canteen corps.

Among the odd cases of home care was an 80-year-old man who had taken shelter with 50 other refugees in an old abandoned railroad depot. Within ten days after the flood all refugees had returned to their homes except the old man; his home had just toppled over [Continued on page 76]



Reviewing the News

P.H.S. Officers

Forty nurse officer-candidates, after confirmation by the Senate, will receive permanent commissions in the nurse corps of the U.S. Public Health Service sometime before this Congress adjourns. Armed with top-knotch nursing credentials and academic degrees (or four years of military service), they took stiff examinations and passed with grades entitling them to rank and pay equivalent to second and first lieutenant, and captain, in the Army. Sixty other nurses who sat for tests failed to pass.

The Public Health Service continues its Civil Service appointments for nurses either not qualified for, or not interested in, commissions. Reserve commissions are also available for periods of duty not exceeding five years; for reserve officers the academic degree and examination are waived.

Progress

Long-awaited reclassification of nurses in federal agencies was accomplished last month when the Civil Service Commission approved change of status of employment for graduate nurses from "sub-professional" to "professional." The lowest

professional grade, P-1, has a starting salary of \$2,320 a year while the previous entrance grade for nurses was SP-5 with starting salary of \$2,100. Nurses now employed in grade SP-5 or higher will receive salary increases as soon as their individual positions are reclassified.

Pressure brought to bear on the Commission by the A.N.A. is believed to have been largely responsible for the change in policy, the



association having presented to the Commission in February of this year a legal brief detailing the current status of nursing as a profession.

The major effect of the change will be felt in hospitals of the Indian Service and among the civilian nurses of the Public Health Service. Militarized nurses of the P.H.S., Army and Navy, and nurses of the Veterans' Administration who have already been reclassified as "professional," will not be affected. One commission official commented that there is some question whether all nurses on duty in emergency rooms

will be found entitled to professional classification.

Said A.N.A. president, Katherine Densford, "This means greater professional satisfaction and more adequate salaries for hundreds of nurses subject to federal Civil Service appointment. It sets a pace for those State Civil Service commissions which have not yet brought their standards up to date, and reinforces those which have already established sound standards. By removing federal sanction from a concept of nursing which has long been obsolete, it will help nursing to forge ahead with medicine and other allied professions in bringing better physical and mental health to the American people."

Most significant is the fact that for the first time all R.N.'s in Gov-

ernment service have the opportunity to be placed in the professional category, thus establishing a precedent which may clarify the status of R.N.'s in all types of service.

Freedom

On June 20th, Britain's Ministry of Labour relaxed its controls on the employment of nurses and they are now free once more to seek jobs



wherever they wish. "This is especially gratifying to those who have just qualified," writes R.N.'s corre-



DAMEN: These women have the task of reviving German nursing. Alternate hardness and weakness shown in their faces is one of A.N.C.-Capt. Marie Stone's problems in directing the program.

spondent, Lois Oakes, S.R.N. "This group has been restricted for one year to certain types of nursing where the shortage was particularly acute." She adds:

"While schools of nursing have greeted the relaxation of controls with relief, many other types of hospitals—especially the smaller ones and those specializing in tuberculosis and the chronically ill—fear that they may be left without nurses to carry on their work. It is as yet too early to predict the truth of this, but it must be admitted that the present dearth of nurses is a great and serious problem.

"When the Minister of Health, Mr. Bevan, addressed a gathering of nurses recently, at the annual meet-

ing of the Royal College of Nursing, he was plainly warned that the success of his national health scheme would stand or fall according to the availability of a sufficient number of nurses."

Miss Oakes also reports the stoic



acceptance by British nurses of new and rigid food rationing regulations. "A bright spot," she writes, "is the fact that clothing coupons are to be increased shortly. It is surprising how a new frock will increase one's



CAREERWARD: Twenty-five handpicked Greek girls have been flown to London to study nursing at Queen's Institute. As R.N.'s, they will return to staff new Greek War Relief Health Centers now being built.

morale, although the stomach under it may be rather empty."

Politics and Policies

The national convention of the American Medical Association, which met in San Francisco last month, took time out from discussion of medical programs and progress to revise its public relations policies. These policies have been largely under the direction of Dr. Morris Fishbein who is also editor of the *Journal* of the A.M.A. and of *Hygeia*, the magazine A.M.A. publishes for popular consumption. Under the new setup Dr. Fishbein remains as editor of both publications and, in addition, will direct an "expanded program of education." However, a new executive assistant to the general manager of A.M.A. is to be appointed, and it is planned to pick a man from the public relations field for this position.

Dr. Olin West of Chicago, as the newly elected head of A.M.A., scorned critics of the association who make for unrest within its ranks. He predicted the association's success in resisting "efforts to regiment medi-



cine and undermine the value of its services."

The meeting spent considerable time on discussion of physical medicine in relation to rehabilitation and

reported on researches in the fields of cancer and newer drug therapies. The majority opinion favored pushing the fight against federal legislation and favored State planning for medical care.

Overseas

Army nurses in the European Theatre who are eligible for redeployment or discharge, may now apply for civilian nursing jobs in Army community dispensaries. The positions are open to married as well as to single nurses, offering base pay of \$1,900 to \$2,100 a year, under Civil Service ratings of SP-4 and SP-5. Apparently, the recent ruling reclassifying Civil Service nurses as professionals, with consequent salary increase (reported elsewhere in this department), has not been applied to these overseas assignments, but authorities believe that the adjustment will unquestionably be made.

People

Ruth Freeman, appointed national administrator, American Red Cross Nursing Service, succeeding Virginia Dunbar, who goes to Cornell University as dean of the school of nursing . . . Col. Florence A. Blanchfield, en route to Pacific for extended inspection trip with Lt. Col. Mary G. Phillips, A.N.C. chief of that area . . . Elmira B. Wickenden, only nurse advisory-delegate to United Nations international health conference . . . Lorraine Setzler, formerly A.N.C. Major in [Continued on page 62]



Hospital Managements Start a Trend

A SLIGHT NOTE of optimism was sounded for nursing this month with the appearance of a new trend in hospital-management thinking: on both coasts, small groups of hospitals stopped "just talking" about the nurse shortage and began figuring out the reasons in back of it.

In New York State, John F. McCormack, retiring president of the State hospital association, said "hospital authorities are fully cognizant of the worthiness of the professional nurse and anxious to help her meet the increase in the high cost of living. They are making every effort to pay the nurse according to their means." He told the N.Y.S.N.A. that several large hospitals in Manhattan are now paying \$200 monthly, usually for a 48-hour week. A higher rate than this, he said, would "present serious financial problems for the hospitals and would require full understanding and cooperation on the part of the public who foot the bills."

At convention, the N.Y. hospital superintendents said the nurse shortage had become a threat to the availability of nursing care to many who require it. Replied Clare Casey, president of the State nurses' association, "Provide desirable working conditions and nurses will come back to the hospitals!" She asked hospitals to

offer \$50 for a 40-hour week, pointing out that R.N. salaries range from \$125 to \$180 a month and that standards of employment are equally variable.

As New York State pinned its hopes on defining causes ("Inadequate salary, split shift, heavy patient load, unreasonable doctors, slave-labor work methods"), its committee on personnel practices met and formulated a program which will give the association an opportunity to bargain with hospital managements for nurse-benefits this fall and winter. New York, like the majority of States, however, is not taking action on collective bargaining as association policy, until after this subject has been brought up for discussion at the A.N.A.'s Biennial in September.

Meanwhile, Michigan mapped out a tentative bargaining program, Georgia began to consider methods, Washington postponed balloting on the subject, Illinois studied, and Oregon awaited the return of sufficient ballots to determine membership opinion. In California, new and spectacular progress was noted: The hospitals began to sign contracts with C.S.N.A., first in the San Francisco area and then in other sections of the State, guaranteeing specific economic improvements. [Turn the page]

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and chafes!"



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safely, comfortably...



New beauty secret—nurses and mothers rave about their beautiful suntans (and baby's, too) with soothing, protective Mennen *Antiseptic* Baby Oil. Try it yourself now—best for baby, best for you!

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Sta-Fast Cohesive is a sterile, non-toxic cohesive compound packaged in a handy collapsible tube. Applied to gauze bandage it protects from water, oils or dirt or secures dressing in position.

Here is the method:—

1. *Water, oil and dirtproof dressings*; Spread Sta-Fast over entire surface of dressing or bandage. It quickly dries to form a thin, transparent flexible film, completely protecting the dressing from infiltration.

2. *Spiral bandage*; Simply spread Sta-Fast around upper and lower borders to anchor.

3. *Ordinary dressings or scalp patches*; Allow top layer of gauze to overlap dressing, spread Sta-Fast around edge and seal to skin.

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Detroit, Mich.

The C.S.N.A. contracts are being negotiated by the State Association directly, not by the districts, as in previous attempts at binding agreements. Each contract is written for the individual hospital concerned, but certain basic requirements are part of all the agreements. What might be called the "Master Contract" embodies:

1. All the C.S.N.A. standards of employment for staff nurses (minimum \$200 monthly, 40-hour, five-day week).

2. Differentials for service and shift assignments. For instance, on O.R., delivery room, nursery, and communicable disease services, there is a \$10 differential which the staff nurse collects when assigned to these specialties. The customary \$10 differential for evening and night shifts is written in.

3. A 40-hour week, to be achieved thus: On October 1, the 48-hour week drops to 44 hours; on January 1, 1947, the work week drops to 40 hours.

4. Beginning October 1, time and a half for time worked over straight time (over eight hours).

5. Half time over straight time is figured for all on-call time with compensatory time allowed for any actual work during that period. That is, equivalent time off must be allowed on the next or following day.

6. A clause in which hospitals agree to employ only C.S.N.A. members.

West Coast authorities interviewed said hospital heads were willing to come to terms because they

BISHOP INTRODUCES

Note to Nurses:
Here is what we're telling
your doctor about Bishop
"Albalon" Needles.
J. B. & Co.

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plastic-hub hypodermic needle

the Bishop "Albalon" needle



Compare Bishop "Albalon" Needles with other needles
for "freezing" to syringe and leakage around tip

Now—The "Albalon" needle presents the answer to several annoying problems frequently encountered in hypodermic medication. The gleaming white plastic hub* firmly grasps standard Luer-taper syringes without "freezing"—and reduces leakage to a minimum. Furthermore, elasticity of plastic tends to reduce syringe breakage, and its attendant replacement expense.

The "Albalon" needle is made by Bishop, the only American producer to control manufacture from original metal to finished needle. The carefully hand-beveled Bishop point pierces tissues

cleanly, spreads the epidermis without slicing or bruising, and thus causes less discomfort. Designed for all-purpose work, "Albalon" needles are particularly useful for treating children, "jittery" patients—or in the unskilled or unsteady hands of self-injecting diabetics.

Available through your regular source of supply, in 26 ga. x $\frac{1}{2}$ ", 25 ga. x $\frac{3}{8}$ ", 24 ga. x $\frac{3}{4}$ ". Write today for booklet describing Bishop "Albalon" and regular needles, syringes and clinical thermometers. Medical Products Division, J. Bishop & Company Platinum Works, Malvern, Pa.

*Patent applied for

J. Bishop & Company
PLATINUM WORKS



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OF

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IN HAY FEVER
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have learned that nurses will no longer work under formerly prevailing wages and conditions. It was, they admitted, a triumph for professional bargaining.

Hold Your Own

[Continued from page 30]

debatable, but it does require a two-thirds vote of the membership to sustain it. If a two-thirds majority votes "Aye" to sustain your objection the motion may not be introduced. If, on the other hand, you are not sustained by a two-thirds majority, you may not renew your objection to the motion but may voice your reasons for objecting to its passage after the question has been thrown open for debate. Motions may not be made negatively. Therefore, don't say, "I move that we do not consider this matter."

There are three other instances where a member may rise and start speaking before she is recognized by the chairman. The first is by "question of privilege." Suppose you are unable to hear a speaker. Rise and say immediately, "Madam Chairman, I rise to a question of privilege." When the chairman has asked you to state your question you say, "I request that the speaker be asked to go to the loudspeaker so that we may hear her." You may also rise to a question of privilege if you have non-member guests present whom you think should leave the room during business discussion. Questions of privilege are decided by the chair-

Of Special Interest to Registered Nurses



Amazing New Antiseptic Deodorant Actually Checks Perspiration—Yet is *Safe for Skin!*

★ **Safely
Stops Odor!**
NO EMBARRASSMENT
—With COLGATE'S VETO!

★ **Safely Checks
Perspiration!**
VETO KEEPS YOU WELL-
GROOMED, DAINTY!

★ **Safe for
Skin!**
COLGATE'S VETO
IS ANTISEPTIC!

★ **Safe for
Clothes!**
NO ROTTED DRESSES—
With COLGATE'S VETO!

**DOES NOT ROT CLOTHES...Because of
Duratex, New Safety Ingredient
Found Only in Veto!**

Veto—Colgate's cream deodorant—is different from *any* deodorant you've ever used before! Because it contains *Duratex*, an exclusive new safety ingredient—Veto *does not rot clothes!* Veto is *safe* for any normal skin! Spreads on smoothly, rubs in easily, is *easier* to use! And Veto stays moist in jar—it never gets grainy or gritty! So use Veto regularly, to stop odor, check perspiration—*safely!* 10¢ and larger sizes. At drug and cosmetic counters everywhere.



**APPROVED SAFE
FOR FABRICS**
Better Fabrics Bureau

Colgate's VETO *Stays Moist in the Jar!
Never Gritty or Grainy!*

man, subject to an appeal to the membership.

Rising to "a point of order" is the second instance where a member may speak before recognition. A point of order means that you wish to ask a question or that you take issue with some order of business before the house. For instance, if a new motion is introduced while there is still a motion before the assembly: "Madam Chairman, I rise to a point of order." The chair will ask you to state your point and reply, "The motion just proposed is out of order because there is already a main motion before the assembly." It is up to the chairman to decide whether or not this is the case. If she decides in the affirmative she will say, "Your point is well taken. The motion last pro-

posed is out of order," or she may disagree with you and say, "Your point is not well taken. The speaker will please continue." In the latter case, you may appeal from the decision of the chair. An appeal must have a second and is decided by a majority vote of the membership after the chair has had the opportunity to state her reasons for decision.

Your third chance to speak before recognition is "point of inquiry." The procedure is the same as rising to a point of order. "Madam Chairman, I rise to a point of inquiry." And then, after being told to state your inquiry, you continue— "I should like to ask if it is in order to offer an amendment to the motion."

To maintain order, two members may not engage in discussion with

Invaluable for Minor Skin Irritations

In addition to its many sick room uses—relieving itching and burning of dry eczema, pressure sores, sheet burns, minor rectal or vulval irritation—soothing Resinol has other important uses.

This scientifically medicated ointment (for 50 years a reliable aid to skin sufferers) is highly effective in allaying itching of ivy poison, the smarting of chapped skin and cracked, blistered skin between toes, fiery throbbing of minor burns, soreness of fever blisters . . . Keep comforting Resinol handy and use it freely when a skin soothing application is required.

Resinol Soap is pure, bland, and ideally suited to use in combination with Resinol Ointment.

Would you like a professional sample each of Resinol Ointment and Resinol Soap? Then write Resinol Chemical Co., Dept. RN-41, Baltimore 1, Md.



1 1/4 ounce and
3 1/2 ounce jars

RESINOL

At all
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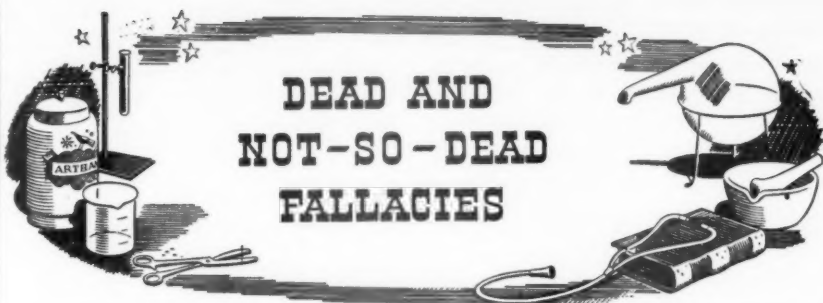
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At all
ruggists



DURING the 19th century, hay fever was popularly believed to occur most frequently in persons belonging to the upper classes of society. This belief persisted for a long time before it became known that hay fever is no respecter of persons.



TODAY, many people believe that it is not safe to leave food in open cans. Many a housewife religiously empties the contents of cans into dishes often not so sterile as the can itself. It's just as safe to keep food in cans, so long as the container is kept cool and covered, according to the Dept. of Agriculture.



AMERICAN CAN COMPANY

NEW YORK • CHICAGO • SAN FRANCISCO

NO OTHER CONTAINER PROTECTS LIKE THE CAN

each other upon the floor of the assembly. Thus, all questions are addressed to the chairman. If you wish additional information or clarification from a speaker, rise and address the chair. It is up to the chairman to ask the speaker if he is willing to be interrupted to answer your question. If he is willing, the chairman asks you to state your question, and you may then do so. (Remember, however, this privilege does not give you the right to state *your* views on the subject under discussion. You may merely ask the question or ask the speaker to clarify statements which you have not understood.)

Most of us have had the experience of coming out of meetings with a sense of frustration—because we couldn't make our point before the membership, or because we couldn't get what we considered adequate recognition from the chair. I think we can avoid most of this by knowing a lot more about correct procedure ourselves—and by using our knowledge forcefully in the better interests of the group.

[A valuable condensation of "Rob-

ert's Rules," for quick and easy reference, is "Parliamentary Procedure at a Glance," by O. Garfield Jones, published in 1936 by D. Appleton-Century, New York City.—THE EDITORS.]

On Labor Unions

[Continued from page 41]

getting more than registered nurses.

SHE: How do you justify the presence of union organizers during the meetings of unionized registered nurses?

HE: The union men just act as hosts and help manage the educational parts of the program. At one meeting recently where about a hundred nurses were present, six of our men were on hand. One sat at the speakers' table beside the nurse president and nurse secretary and helped these girls put through their motions and business meeting.

SHE: Have you made any gains as yet, strictly on the professional side?

HE: Well, we're improving wages and living and working conditions all the time, as you know. Then, we've



● "A Mufti Shine lasts a long, long time." Get that quick, bright, white finish with Mufti Shoe White, paste or liquid. Has real covering power. Stays on tight, too. Stands a lot of brushing up and touching up—makes your shoes look so much better between shines. Get Mufti today. 10c, 25c.

MUFTI SHOE WHITE



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"Imagine ME
giving a Doctor
ideas!"

He was a young M.D., and it was the first time
he had operated at our hospital.

"Naturally", I said, "like most doctors, you *insist*
on "Lysol" for disinfecting operating room sharps?"

He nodded. "And for pre-operative and post-natal
care?" I went on.

"It's an idea," he said, and went to get ready.

Some days later he saw me requisitioning "Lysol" for all phases of my
duties that required thorough and effective disinfecting. He sort of
blushed, and said he hadn't known how important "Lysol" was. Then
he hesitated and asked why it was that most doctors *insisted* on it.

"Because," I pointed out, "with a phenol coefficient 5, (more
than twice that of ordinary U.S.P. cresol compound) "Lysol" brand
disinfectant does a *real germ killing job* more economically."

"Then," I continued, "because disinfection is *always*
essential—*everywhere*, in a hospital, I use "Lysol" *throughout*,
in *all* my work. Its greater strength makes it an economical
disinfectant for cleaning floors, walls, etc., too."

That was a couple of years ago, and he was really a young
doctor then. But now, he's got a sweet little practise.
And just between us girls, he's about
sold me on an old, old idea!

"Lysol"
Brand Disinfectant
REG. U.S. PAT. OFF.



LEHN & FINK PRODUCTS CORPORATION
683 Fifth Avenue • New York 22, N. Y.

Triple aid in SKIN THERAPY

CAMPHO- PHENIQUE

(Phenol 4.75%, Camphor 10.85%
in an Aromatic Mineral Oil Base)

**combines Analgesic
Antipruritic and
Antiseptic Properties**

To promptly relieve the wide variety of minor skin irritations and injuries requiring treatment, many Doctors for years have used and prescribed Campho-Phenique Liquid Antiseptic Dressing. It works as a mild surface anesthetic to relieve itching and pain, combats swelling and secondary infection associated with

Eczema • Urticaria

Intertrigo • Athlete's Foot

Pruritus • Impetigo • Herpes

SEND FOR FREE BOTTLE



CAMPHO-PHENIQUE
Dept. RN-8, Monticello, Illinois
Please send me a free bottle of Campho-
Phenique Liquid Antiseptic Dressing.

Name

Address

City.....State.....

got a program for prepaid medical care to be provided by the hospitals, with no age limit. If you're employed and nursing you are entitled to care at any age. And, oh yes, you'll be interested to know that we've changed "swingshift" and "graveyard shift" to "P.M." and "night." The nurses seem to like these terms better . . .

News of the Month

[Continued from page 51]

charge of revitalizing public health nursing in Germany after V-E day, one of six nurses appointed to new course in Counseling and Placement at Columbia University . . . Ella Best, executive secretary of A.N.A., reports New York State Supreme Court ruling exempting A.N.A. Counseling and Placement Service from "any requirement to be licensed as an employment agency," as C. & P. S. celebrated its first anniversary at a tea in New York . . . Annie W. Goodrich, former dean of Yale School of Nursing, whose 80th birthday was celebrated this spring, now has her career immortalized in a picture-calendar published by Yale. (Few available copies may be purchased from: Alumnae Association, Yale University School of Nursing, 31 Cedar Street, New Haven, Conn.)

Stamp

Representative Edith Nourse Rogers has asked the Post Office Department to issue a stamp honoring the performance of duty of nurses

DYSPEPSIA

the most common gastric disturbance

"Dyspepsia" due to hyperchlorhydria is the most common of all gastric disturbances. . . By prescribing Creamalin for the control of hyperacidity, the physician is assured of prolonged antacid action without the danger of alkalosis or acid rebound. Through the formation of a protective coating and a mild astringent effect, nonabsorbable Creamalin soothes the irritated gastric mucosa. Thus it rapidly relieves gastric pain and heartburn.

CREAMALIN

Trademark Reg. U.S. Pat. Off. & Canada

Brand of Aluminum Hydroxide Gel

LIQUID IN 8 OZ., 12 OZ., AND 1 PINT BOTTLES
TABLETS IN BOTTLES OF 50 AND 200

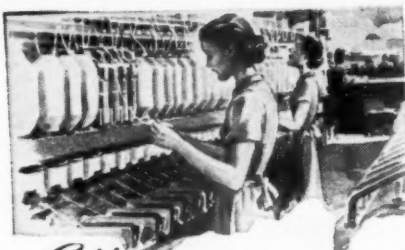
NEW FORM: *Capsules*

Boxes of 24: Convenient pocket or purse size
Also bottles of 100

CONVENIENT • EFFECTIVE • PALATABLE



WINTHROP CHEMICAL COMPANY, INC.
PHARMACEUTICALS OF MERIT FOR THE PHYSICIAN
NEW YORK 13, N. Y. WINDSOR, ONT.



Effectiveness

... HAYDEN'S

VIBURNUM COMPOUND

A marked tribute to the effectiveness of HVC is the large number of physicians in industrial plants who regularly prescribe HVC for their women workers, whose steady employment is of importance to the plant as well as to the women themselves. HVC is antispasmodic and sedative and being non toxic may be prescribed for intestinal cramps. It usually relieves dysmenorrhea.



NEW YORK PHARMACEUTICAL COMPANY
Bedford Springs Bedford, Mass.

"You may recommend
GLYCO-Thymoline"

Many R.N.s use Glyco-Thymoline in their practice. Try it. Send for professional samples.

GLYCO-THYMOLINE
KRESS & OWEN CO. • NEW YORK 7, N. Y.

during the war. "If the Post Office Department does not issue the stamp," Mrs. Rogers told the House, "I am sure every member of Congress would vote for legislation to give the nurses a commemorative stamp for their heroic action and untiring service during the World War."

Her bill, H.R. 7033, asks for a special issue in "honor of the nursing profession," a three-cent stamp to be placed on sale May 12, 1947 (National Hospital Day and the birthday of Florence Nightingale) to commemorate "the invaluable contribution of nurses to the welfare of our people in community hospitals and in homes during times of peace and of war, and of the sacrifices and heroic work of nurses in the armed forces." As the postage tribute is designed equally for military and civilian R.N.'s, choice of design will be one of the Government's chief problems in regard to the new issue.

Military Money

Army and Navy nurses will benefit by the new service pay law which went into effect last month. The law grants 10 per cent annual increases in salary for all grades except that of captain (full lieutenant, in the Navy) for which the increase is 15 per cent. The new salaries are: Second lieutenant and ensign, \$1,800 to \$2,100; first lieutenant and lieutenant, j.g., \$2,000 to \$2,400; captains and full lieutenants, \$2,400 to \$2,760; majors and lieutenant commanders, \$3,000 to \$3,300; lieutenant colonels

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1 lieuten-
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MODERN THERAPY

THE COMMON COLD

PHILLIPS'
MILK OF MAGNESIA



At the first sign of a cold, many physicians feel that treatment should include a mild, yet thorough laxative. Phillips' Milk of Magnesia provides mild laxation, and in addition, is an effective antacid for gastric acidity.

Prescribed as a laxative—it is gentle, smoothing without embarrassing urgency.

Prescribed as an antacid—affords effective relief. Contains no carbonates, hence no discomforting bloating.

DOSAGE: Laxative: 2 to 4 tablespoonfuls

Antacid: 1 to 4 teaspoonfuls, or
1 to 4 tablets

Caution: Use only as directed.

PACKAGING
Liquid

4-oz. bottle

12-oz. bottle

1-pt. 10-oz. bottle

Tablets

box of 30's

bottle of 75's

bottle of 200's

— Phillips' Milk of Magnesia —

prepared only by

THE CHAS. H. PHILLIPS CO. DIVISION

of Sterling Drug Inc.

170 VARICK STREET • NEW YORK 13, N. Y.

and commanders, \$3,500 to \$3,850; colonels and Navy captains, \$4,000 to \$4,400. Compensation (overseas duty and longevity, for example) has been correspondingly increased.

These fine benefits, however, may vanish at the end of "the duration plus—" unless Congress takes action to pass the Army and Navy postwar nurse bills. Possibility that this would occur before the end of the current session is remote. The Army bill is in the Military Affairs committee and the Navy bill has not yet got outside the department. Navy delays are partially due to the inability of authorities to come to a decision on future distribution of ranks. Nurses and medical officers argue that numbers in higher grades should be based on need; some top officials,

however, recommend that the system in effect for men officers be applied to nurse officers. This would provide, for a corps of 2,500 nurses, 200 commanders, 375 lieutenant commanders, and 750 lieutenants. By contrast, the Army seeks only 18 lieutenant colonels, 40 majors for 2,500 nurses.)

If the bills do not pass, military nurses may ultimately revert to the 1942 base pay of \$90 for second lieutenants, voted them in June of that year.

Meanwhile, the legislation granting terminal leave with pay to enlisted men will limit Army and Navy nurses' leave time exactly as it limits that of other officers. In the future, nurse-officers will be permitted to accumulate only 90 days of leave

AT HOME OR AWAY

**SPOT
TESTS**

SIMPLIFY URINALYSIS

No Test Tubes • No Measuring • No Boiling

Diabetics welcome "Spot Tests", (ready to use dry reagents), because of the ease and simplicity in using. No test tubes, no boiling, no measuring; just a little powder, a little urine—color reaction occurs at once if sugar or acetone is present.

***Galatest... Acetone Test* (DENCO)**

FOR DETECTION OF
SUGAR IN THE URINE

FOR DETECTION OF
ACETONE IN THE URINE

SAME SIMPLE TECHNIQUE FOR BOTH

1. A LITTLE POWDER



2. A LITTLE URINE

COLOR REACTION IMMEDIATELY

Accepted for advertising in the Journal of the A.M.A.
WRITE FOR DESCRIPTIVE LITERATURE



A carrying case containing one vial of Acetone Test (Denco), one vial of Galatest, medicine dropper and Galatest color chart is now available at all prescription pharmacies and surgical supply houses. This is very convenient for the medical bag or for the diabetic patient.

Acetone Test (DENCO)... Galatest

**THE DENVER CHEMICAL
MANUFACTURING COMPANY, INC.**
163 Varick St., New York 13, N. Y.

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**"ENAMELEDWARE offers many
advantages for Hospital use"**

say Buyers from Coast to Coast

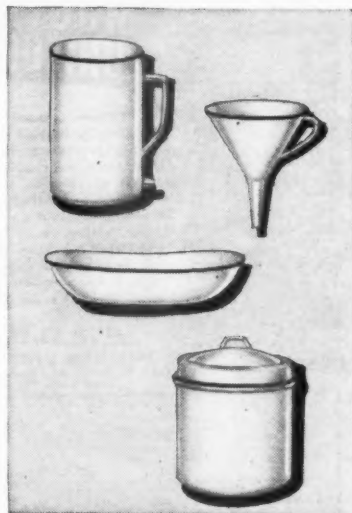


New Improved Porcelain on Steel Enameledware is

- ★ **More Acid Resistant**
- ★ **More Durable**
- ★ **More Easily Cleaned**
- ★ **More Economical**

For over half a century, hospital buyers have purchased Enameledware for most hospital uses because its many advantages make it more economical and satisfactory, all angles considered.

The New Improved Porcelain on Steel Hospitalware is the result of long and costly research to find better methods of production and testing. It is now more durable than ever before . . . with a smoother, harder surface. It is easier to clean—no time-wasting hand scrubbing—more resistant to acid . . . and still offers the same economy of first cost and daily savings of time, which roll up impressively in a year.



ENAMELED UTENSIL MANUFACTURERS COUNCIL, 2130 Keith Building, Cleveland 15, Ohio



USE **THUM** TO DISCOURAGE
thumb sucking
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Acceptable
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THUM
TRADE MARK

Easy to use. Apply
like nail polish.

At all good
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Two sizes

50¢ and \$1.00



Sparkling Smart
STREET-FROCK STYLING
in a new
**HOOVER
UNIFORM**

Charm, smartness and originality feature this very youthful princess style Hoover Uniform. Clever pointed set-on belt gives that slimming "nipped-in" waistline effect. Stunning notched convertible collar, squared shoulders, snow-white buttons and two pockets on the flared skirt. White Sunningdale broadcloth in coat style. Sizes 12 to 42.

STYLE No. 414 \$3.98 EACH
HOOVER UNIFORMS
251 W. 19th St., Dept. RN-8
New York 11, N. Y.

Hoover Uniforms, Dept. RN-8
251 W. 19th St., New York 11, N. Y.

Please send me.....Style No. 414 Hoover Uniforms,
SIZES.....

Name.....

Address.....

City and Zone..... State.....

time instead of the former 120. Nurses in the service after September 1, who have already accumulated more than 90 days, will be paid in Government bonds for the difference between 90 and 120 days leave.

The Mysterious Nurse

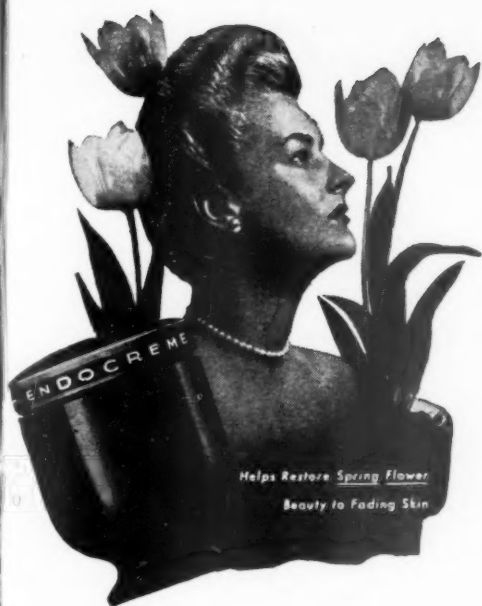
[Continued from page 31]

established 60th General Hospital. There, some of the nurses talked with her, wheedling from her some grudging bits of information, and the legend of Mrs. Hube began to grow.

I first heard of Mrs. Hube while interviewing the Army nurses who had been liberated from Santo Tomas in February. All during their imprisonment, they said, this amazing old woman had walked boldly out to the camp, bringing them food and small gifts which contributed to their meagre comfort. She did not explain why she was permitted freedom of Manila, or where she procured the supplies which she carried to the camp. But she told them she was a nurse and would never forget it, that she wanted to help them because they too were nurses. She never failed to come, and her visits continued until the liberation.

Her interest in nurses was impartial, however, and the story is told that she did equal deeds of charity for the Japanese nurses and the German sisters elsewhere in the Jap-held city. Our nurses at Santo Tomas appreciated her help nonetheless; they wanted to know what had happened to her.

She was being well cared for by



*"...Friends all
remark how
much younger
I look."*

In words like the above, many women over the last 9 years have written us about the unduplicated benefits of ENDOCREME Face Cream.

ENDOCREME, say these grateful women, has no equal in the way it can help dull, rough, fading skin of face and throat quickly to regain its firmness, freshness, smoothness, radiant, youthful-looking beauty.

It alone contains Activol** which, absorbed by the skin, helps to restore normal growth to ageing cells and tissues.

Try ENDOCREME yourself. Recommend it to your patients. Many get

marked results in only 30 days. At better beauty counters, \$3.50 (plus tax), a month's supply.

For Hands: Try also, new, different ENDOCREME Hand Lotion to improve and beautify skin of hands, arms, elbows, legs.

Endocrine
FACE CREAM

... IN SUCCESSFUL USE SINCE 1937

**ACTIVOL (trade name) contains 10,000 I Units per ounce of natural estrogens (estrone-estradiol-equilin-equilenin)

HIRESTRA LABORATORIES, INC., 551 FIFTH AVE., NEW YORK CITY

the Americans, but as she was not sick her detention at the 60th General was apparently for purposes of investigation. Our G-2 had to find out who she was and what she had been doing.

It was during this period of investigation that I met and talked with Mrs. Hube myself. She was anything but conversational by this time, but I learned a few facts that added to the mosaic of her colorful and puzzling career.

As Amalie Ida Haentsche, R.N., she signed with General Miles' forces in 1898 during the yellow fever and typhoid epidemics in Cuba and Puerto Rico. In 1906 she contracted for service with the Army Nurse Corps and served honorably and well in the U.S. and the Philippines

until 1910. She was German-born, a Swiss citizen, just as she had said. During her stay in the States she became a personal friend to Jane Delano and holder of certificate No. 101 in the American Red Cross. Later she married Paul Hube, a German businessman, and lived the rich social life of a woman of means.

When, in the late 1930's, a marble memorial to Army nurses was erected in Arlington Cemetery in Washington, D.C., Mrs. Hube contributed a generous sum toward its completion and came from her home in Switzerland for the unveiling.

A nurse who served well; a nurse who loved nurses; an innocent little old woman who survived the capture of the Philippines. Surely such a person should be above suspicion



CUPREX

**gives you these four
important advantages
in the treatment of
PEDICULOSIS**

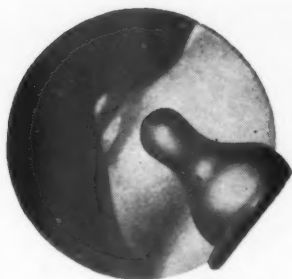
**Available at drug stores
in 2 oz. and 4 oz. bottles**

A PRODUCT OF

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RAHWAY, N. J.**

WRITE FOR LITERATURE

- 1** Cuprex destroys the nits as well as the lice
- 2** The entire treatment may be completed within 15 minutes
- 3** Cuprex requires no messy or repeated applications
- 4** Cuprex saves the patient time and embarrassment



Nature's Stand-In!

Of course, breast-feeding is best. When bottle-feeding is used, the rubber nipple chosen should simulate the natural feeding methods in every way possible. Davol "Anti-Colic" brand "Sani-Tab" nipples offer these three advantages:

1. DESIGN

The Davol nipple is short, like the maternal nipple, with a firm, sloping shoulder corresponding to the areola of the lactating breast.

2. ACTION

It induces the same, forceful, coordinated, "muscle pull" as in breast-feeding. This persistent action helps development of mouth, jaw, tongue and dental arches.

3. TIMING

This nipple encourages a full twenty minutes of essential sucking exercise at each feeding. It feeds at the correct rate, not too rapidly nor with too much difficulty.

Write for the illustrated treatise. Written for physicians by a physician. Seventeen illustrations, including six anatomical drawings.

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PROVIDENCE 2,
RHODE ISLAND

Davol Rubber Company
Department RN-6-8
Providence 2, Rhode Island

Gentlemen: Please send me a complimentary copy of the treatise, *Bottle Feeding in Relation to Infantile Colic and Malformation of the Mouth*. My address is:

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Address.....
City..... State.....

BOTTLE FEEDING
IN RELATION TO
INFANTILE COLIC
AND MALFORMATION OF THE MOUTH

BENCONE UNIFORMS

Give You



As New As
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2 PLY SANFORIZED
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\$6.89 each

No. 551 . . . Long Sleeves
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Sizes 12 to 42
Also 11, 13, 15

Convenient Novelty
Pockets on Skirt & Blouse
Gripper Flared Skirt
Opening
Set in Belt

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SERVING
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IS YOUR SPECIALTY

Clinic Nurse . . . School Nurse . . .
Industrial Nurse . . . Office Nurse . . .
Record Librarian . . . Secretary . . .
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Instruction . . . Supervision . . .
Psychiatry . . . Tuberculosis . . .
Administration . . . Anesthesiology . . .
Surgery . . . ? ? ?

Our unique service assures you of
consideration for every vacancy in
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(Strictly confidential)

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. . . and yet, around Mrs. Hube there still hangs the veil of uncertainty. Too many important questions remain unanswered, too many rumors have not yet been denied in fact.

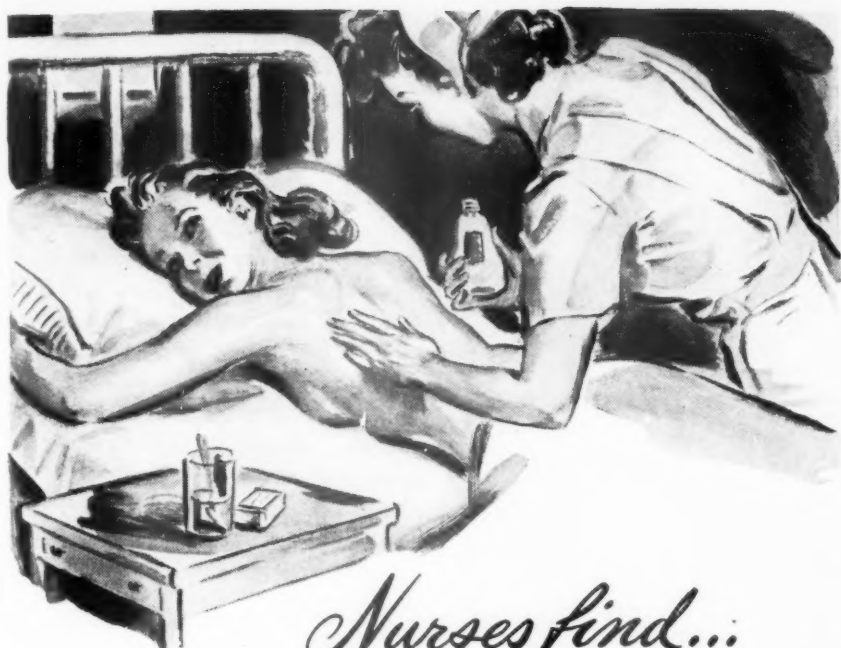
For example: She completed her nursing course at Lenox Hill Hospital, then known as the German Hospital, in New York—yet she never became an American citizen. As a native-born German, married to another native-born German, her claims of Swiss citizenry were questionable. Why did she make these claims? What was behind it?

Why, for that matter was she in the Philippines at all? This, she claimed, was accidental. She had been stopped in Manila on December 7, 1941 en route from Switzerland to China in search of her missing son who had been lost in China on a secret expedition. Who was her son? How did she hope to find him?

There were rumors, too, that during her frequent visits to the U.S. she had been known to express admiration for Hitler's doctrines and to have admitted watching his rise to power with interest. (But, for that matter, so did many Americans!)

Mrs. Paul Hube is now vainly trying to gain passage to Switzerland, but so far a skeptical U.S. Army has refused to intervene. Meanwhile, she hopes for the help of various nursing celebrities who have known her in the past.

And, meanwhile, in the process of balancing her possible guilt or innocence, the scales tip precariously. The nurses of the Pacific who knew



Nurses find...

NEW USE FOR TRUSHAY

TRUSHAY, of course, was formulated as a lotion to be used *before* washing the hands. It helps protect them from the effects of hospital work, constant scrubbings with soap and water.

Some nurses also use TRUSHAY as a rub in place of alcohol. They tell us that massage with this fragrant, delightfully creamy lotion brings comfort to the bed-weary patient, helps prevent pressure sores and sheet burns. Because of the gentle action of TRUSHAY's bland ingredients, it can be used freely, even on tender skin.

Try TRUSHAY today to keep your own hands soft and smooth and as a massage for the greater comfort of your patients.



A Product of **BRISTOL-MYERS COMPANY**

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THE CADUCEUS RING with YOUR initials

Here is a ring you will instantly fall in love with. It bears the symbol of your profession and is truly beautiful too. It is made of 10 carat SOLID gold; the caduceus is also in gold and is in raised-relief on hard-fired black enamel background. Your initials (two only) are engraved on BOTH sides of the ring, as illustrated. And the price is only \$17.00 including ALL taxes.

for REGISTERED NURSES only

This gorgeous ring is offered to Registered Professional Nurses ONLY. It is unlawful for any other nurse to wear it.

HOW TO ORDER: Tell us your size if you know it, or, tie a string snugly around your finger, knot securely several times, slip off without stretching.

AVOID DISAPPOINTMENT - ORDER NOW

R. N. SPECIALTY COMPANY

15 East 22nd Street - New York 10, N. Y.

Gentlemen: I want a Caduceus Ring with the initials ____ engraved on it.

- ☐ I enclose \$17.00 in full payment
☐ I enclose \$5.00 and will pay balance C.O.D. plus delivery charges.

(It is understood that my money will be instantly refunded if I am not greatly pleased.)

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Current Registration Number _____

her and came to love her a little for her kindness to them, will watch the passage of time with interest. Whatever the outcome, they will always remember this dynamic little woman as a nurse who found a way to help other nurses in time of need.

[R.N. will pay \$25 for each publishable true-to-life experience like this. All anecdotes must be documented with proof of the facts contained therein. Fiction will not be considered. Articles should be typewritten, double-spaced, and the name and address of the contributor should appear on page 1. Episodes which contribute to the story of nursing in our times will receive preference over the purely personal.—THE EDITORS.]

To Anchor a Bandage

[Continued from page 46]

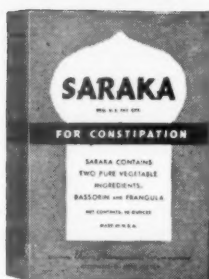
Example:—Foot Bandage.

1. Apply bandage in usual manner.
2. Start strip of narrow adhesive, about 22 inches long, on the skin surface, about 3 inches above bandage.
3. Bring down diagonally, cross anterior surface of foot and bring up on the other side of leg.

4. Leave space of a few inches between ends of tape, at back. Do NOT CROSS ENDS OF TAPE. The uncrossed ends eliminate circulatory dangers.

As you will see, this method of applying adhesive simulates a sling. It is adaptable to arm dressings, fingers, fingertips, legs, foot and stump dressings. Once you try it, you will doubt-

Rhythm...



In the treatment of chronic constipation the restoration of natural peristaltic rhythm may be effectively and pleasantly achieved with the administration of Saraka.

The principal factor in this modern bowel regulator is bland emollient, jelly-like bulk... supplied by bassorin.

To provide a gentle stimulus to atonic intestinal musculature for initiation of the defecation reflex, Saraka also contains a small quantity of specially treated cortex frangula.

When normal peristaltic rhythm has been re-established with Saraka, regularity can be maintained with Saraka-B, which supplies bulk alone.

Saraka and Saraka-B are prepared in smoothly-coated granules... pleasant and easy to take... economical to use. After meals, or before retiring, one or two teaspoonfuls are placed on the tongue and swallowed with water.

A clinical sample of Saraka will be sent upon request.



UNION PHARMACEUTICAL COMPANY, INC., BLOOMFIELD, N. J.

less find other uses. It's a versatile little trick!

In stump bandages, you will like the wider tape, about $1\frac{1}{2}$ inches. Use two or more strips, varying with the amount of drainage and consequent size of dressings. Apply over dressings, about 2 inches apart, all in the same manner.

Sister Bandagers, don't collar your dressings with a strip of adhesive. Don't be a Bungling Bertha! Be Bandage-happy. Give it the Figure of 8!

Volunteered

[Continued from page 47]

and he had no place to go. Besides, he said he liked it where he was. He had fixed up a room with a cot, and since the depot was warm and

had a bathroom he was completely comfortable. While he had a severe cold, the Red Cross nurse visited him daily, giving care and advice as needed.

Another nurse, a well-built woman of some stature, was assigned to home care and called one day to a home where a patient suffered from a gastro-intestinal upset. This nurse, Charlotte, will never forget how she had to cross a swinging bridge high above the river. The angry waters swirled 40 feet below her and a cold winter wind swayed the treacherous structure under her feet. The patient's grandmother watched her cross the shaky bridge and remarked "You looked too fat and too heavy to get over that thing to me." Charlotte was certain she had lost 25 pounds in the

Warner's*



CHAFĒZE*

PREVENTS CHAFING

Chafeze*, the soft jersey shield originated by Warner's, has proved a boon to active women. Worn next to the skin, either under a girdle or by itself, Chafeze* prevents painful chafing. It launders perfectly like any lingerie.

Sold Only in Corset Departments

Ask for Chafeze* by name
\$1.25 — Large size, \$1.50

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DESITIN OINTMENT

PIONEER IN THE FIELD OF

EXTERNAL COD-LIVER OIL THERAPY

USED EFFECTIVELY IN THE TREATMENT OF
Wounds, Burns, Ulcers, especially of the Leg, Intertrigo,
Eczema, Tropical Ulcer, also in the Care of Infants.

Desitin Ointment contains Cod-Liver Oil, Zinc Oxide, Petrolatum, Lanum and Talcum. The Cod-Liver Oil, subjected to a special treatment which produces *stabilization* of the Vitamins A and D and of the unsaturated fatty acids, forms the active constituent of the Desitin Preparations. The first among cod-liver oil products to possess unlimited keeping qualities, Desitin, in its various combinations, has rapidly gained prominence in all parts of the globe.

Desitin Ointment is absolutely non-irritant; it acts as an anti-phlogistic, allays pain and itching; it stimulates granulation, favors epithelialisation and smooth cicatrisation. Under a Desitin dressing, necrotic tissue is quickly cast off; the dressing does not adhere to the wound and may therefore be changed without causing pain and without interfering with granulations already formed; it is not liquefied by the heat of the body nor in any way decomposed by wound secretions, urine, exudation or excrements.

DESITIN POWDER

Indications: Minor Burns, Exanthema, Dermatitis, Care of Infants, Care of the Feet, Massage and Sport purposes.

Desitin Powder is saturated with cod-liver oil and does not therefore deprive the skin of its natural fat as dusting powders commonly do. Desitin Powder contains Cod-Liver Oil, (with the maximum amounts of Vitamins and unsaturated fatty acids) Zinc Oxide and Talcum.

Professional literature and samples for Physicians' trial will be gladly sent upon request.



Sole Manufacturer and Distributor in U. S. A.

DESITIN CHEMICAL COMPANY

70 SHIP STREET • PROVIDENCE • RHODE ISLAND

struggle. It wasn't until she recrossed the bridge safely that she learned that one of the cables by which the bridge was suspended was broken.

As a part of American Red Cross disaster relief program, and in cooperation with State and local public and private health agencies, we are certain that the nursing service in this emergency contributed to the reduced flood illness which was shown in the final report on this operation. Not one case of typhoid had been reported in any flood area. We had only 73 cases of illness in 20 counties—a good record, considering the damage and chaos created by the ambitious Cumberland River.

Disaster nursing with the American Red Cross offers a great variety of experience to graduate registered nurses interested in serving. A flood is only one of the disasters in which professional skills are needed to relieve suffering and protect health. Tornadoes, fires, explosions, storms as well as epidemics have a way of happening almost any place at any time.

Those of us who assisted in the recent flood disaster in Kentucky agreed that it was an experience well

worth our continued interest and participation. We are going to stay on that "disaster reserve" list so that we may be called again—if and when we may be needed.

[Mrs. Rhea is nursing consultant for A.R.C. Eastern Area, Alexandria, Va.—THE EDITORS.]

Back to Life

[Continued from page 40]

pages are consumed in giving minutes and seconds required for each step of the process. All manner of instruments were utilized to determine the most minute changes and reactions.

Dramatic results in the laboratory were forerunners of application of the techniques used for men on the battlefield. Published reports show that twelve of fifty-one fatally wounded Red Army officers were restored to life. Reports are still being published and work in the United States is now progressing through the tedious routine and careful technique that is calculated to "raise from the dead" a proportion of those who have reached the stage that was formerly



SAFETY FOR YOUR BABIES

Babies deserve the full protection—mothers appreciate all the convenience of these four Trimble helps:

KIDDIE-KOOP, the safety-screened crib
TIP-TOP KIDDIE-BATH, to make baby bathing easy
KIDDIE-YARD, for protected, off-the-floor play
KIDDIE-TRAINER, for sound toilet training

New booklet "*Making the World Safe for Baby*" by Beulah France, R.N., gives much helpful information. Write: Trimble, 80 Wren St., Rochester 13, N. Y.



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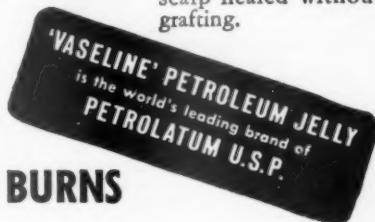
Case X—Massachusetts General Hospital Patient—Victim of Coconut Grove Fire.

NO. 1—2nd degree burns of face and ears and 3rd degree scalp burn covered by primary occlusive dressing on night of admission. Patient had a total burn surface of 12.5%.

NO. 2—As first head dressing was changed on seventh day, remnants of destroyed skin and dry serum are still present and uninfected.

NO. 3—Final view of the face on the 55th day showing absence of scarring, and normal contours. The scalp healed without grafting.

PETROLATUM in the Surface Treatment of BURNS



IN describing treatment of surface wounds of burn casualties following Boston's Coconut Grove fire, this simple technique was reported as "eminently satisfactory":*

1. No debridement of burn surface.
2. No cleansing of the burn surface.
3. Bland ointment with protective dressing ("... boric acid in petrolatum is safe").*
4. Chemotherapy administered internally.

This treatment, given extensive use following the disaster* has the advantage of simplicity. There is less manipulation of the patient, im-

portant in consideration of shock. There is quicker relief of pain, with less rolling as necessitated in debridement and cleansing. Earlier relief of pain, too, by prompt covering.

Since infection originates almost entirely from surface contamination following the burn injury, it is pointed out that the earlier the wound can be covered, the less the infection. Thus this simple, early covering method becomes a measure against infection.

In treatment of burn surfaces the physician will find 'Vaseline' Petroleum Jelly—plain or borated—is prompt and effective.

*Ann. of Surg. 117:885 (June) 1943.

Vaseline
REG. U.S. PAT. OFF.
PETROLEUM JELLY

MANUFACTURED ONLY BY
CHESEBROUGH MANUFACTURING CO., CONS'D,
NEW YORK, N. Y.



Dennison DIAPER LINERS

Physicians and nurses have found that Dennison Diaper Liners make the diaper problem simpler and easier for new mothers. Physicians and nurses recommend Diaper Liners because they are sanitary and so soft next to baby's tender skin that they help prevent chafing and help guard against diaper rash.

Diaper Liners make diaper washing much less disagreeable. Hours of hard scrubbing are eliminated. The Liner is simply folded inside diaper. When soiled, the Liner is flushed away. Quick, simple, easy!

Suggest Dennison Diaper Liners to new mothers, and to your hospital, too. The cost is only a few cents a day.

Babypads—200 for \$1.00

Downesoft—200 for 69¢

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Framingham, Mass.

FREE Please send me a whole day's supply of Dennison Diaper Liners.

Name

Street

City.....Zone.....

State.....

considered beyond help. The complete story of this scientific work is not only fascinating but almost fantastic at times, but science has made progress and the unbelievable reports continue.

Hay Fever Cure?

[Continued from page 40]

of breathing space, and amount of secretion in the nose. The author stated that "numerical evaluation does not always express the whole clinical impression of the patient's condition."

It was further stated, however, that "every change in the nasal manifestations observed during the period of treatment with anthallan can be attributed to the influence of the drug." Many medical men believe this was true only because "the anthallan treatment period was considerably shorter than the period during which the manifestations had existed," and that the results, therefore, are not conclusive.

Although laboratory studies were made on red blood-cell counts, white blood-cell and differential counts, blood glucose, blood nonprotein nitrogen, electrocardiograms, and nasal smear eosinophils, significant changes were not observed in the report.

That is the story behind the anthallan "cure." The furor was caused by one report on 42 patients which may be indicative of success but is hardly sufficient evidence to call the new drug a "cure."

—CAROLYN VALENTINE, B.S.

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NE, B.S.

"It'll Be D-P-T—or Nothin', Doctor!"



He's a Smart Kid, Doctor— even though he does deserve the back of your hand!

Imagine his knowing he'll get better protection with Cutter D-P-T because every cc. contains 40 billion proved Phase I pertussis organisms, all grown on *human blood*.

Pretty foxy of him, too, to pick the combined vaccine in which both tetanus and diphtheria toxoids are so purified that far more than a single human dose is supplied in each cc. Extremely high pertussis count and purified toxoids yield a vaccine so concentrated that your dosage schedule is only 0.5 cc., 1 cc., 1 cc.

Advantages of D-P-T (Alhydrox) over alum precipitated vaccines have also been established. Not only does it produce better

immunity levels, it presents less pain on injection because of its more physiologically normal pH. Persistent nodules and sterile abscesses are rare, rather than an expected contingency.

Maybe the kid's got something, after all—in "it's D-P-T or nothin', Doctor!"

Cutter Laboratories, Berkeley, California
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CUTTER

Fine Biologicals and
Pharmaceutical Specialties

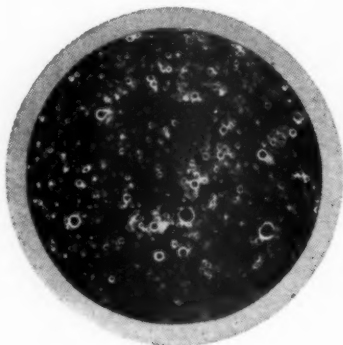
Over 700 Hospital Nurseries now using Johnson's Baby Lotion —

ANTISEPTIC

Far fewer cases of skin irritations

Hospital after hospital is adopting smooth, white Johnson's Baby Lotion for routine infant skin care.

These hospitals report—as test hospitals did—that Johnson's Baby Lotion is dramatically effective in reducing the incidence of impetigo, urine irritation, heat rash, and other miliarias.



Lotion leaves discontinuous film

The physical properties of Johnson's Baby Lotion allow the infant's skin to function normally.

A homogenized emulsion of mineral oil and water, with lanolin and an antiseptic added, the Lotion leaves a discontinuous film as its water phase evaporates. (See photomicrograph.) This permits normal heat radiation; allows perspiration to escape readily; thus lessens danger of irritation.

FREE! Mail coupon for 12 distribution samples!

FREE! Mail coupon for sample bottle!

Johnson & Johnson, Baby Products Div.
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Please send me, free of charge, one sample bottle of Johnson's Baby Lotion.

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Limited to nursing profession in U. S. A.

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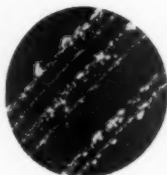
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THE FACTS

behind shining, dandruff-free hair

Actual photo micrographs show how Fitch Shampoo removes dandruff



Ordinary Soap

Microphoto shows hair shampooed with ordinary soap and rinsed twice. Note dandruff and curd deposit left by soap to mar natural highlights of hair.



Fitch Shampoo

Microphoto after Fitch Shampoo and hair rinsed twice. Note Fitch Shampoo removes all dandruff and undissolved deposit, and brings out natural luster of hair.



Fitch's Dandruff Remover Shampoo penetrates the thousands of tiny hair openings on the scalp, cleansing them thoroughly, and dissolving every trace of dandruff. Leaves the hair radiantly clean . . . completely dandruff-free! Remember, for best results, always apply Fitch's *before* adding water.

Fitch's Dandruff Remover SHAMPOO

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One of the most familiar symbols of modern times, the star originally denoted the Supreme Being to peoples of ancient Asia Minor. Today in such use as five-star general, four-star picture, operatic "star," it still stands for supremacy in a particular sphere.

Another familiar emblem of supremacy is the blue and white Rexall sign of reliable pharmaceutical service. You'll find it in selected neighborhood drug stores throughout the country. Wherever you see it, fine laboratory-tested Rexall drugs and unsurpassed pharmaceutical skill are at your service.

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***ANESTHETISTS:** California. Two for 300-bed general hospital; \$250-\$275. (Placement bureau charges \$2 registration fee.) Box MB8-7.

***ANESTHETISTS:** East. 250-bed fully approved institution with active surgical department. Dept. of Anesthesia under direction of physician anesthetist. Salary commensurate with qualifications; full maintenance. Apply: Montefiore Hospital, Fifth Avenue at Darragh, Pittsburgh 13, Pa.

***ANESTHETIST:** Midwest. Wanted at Wright Memorial Hospital, Fergus Falls, Minn. Also staff nurses.

***ANESTHETIST:** Midwest. General hospital; average patient census, 135; town of 40,000 in northern Wisconsin; \$300, maintenance. (Placement bureau charges \$2 registration fee.) Box MB8-8.

ASSISTANT SUPERVISOR: East. 80-bed school for cerebral palsied children; good salary; 20 days paid vacation; 5 days sick leave; full maintenance. Apply: Supervisor, Children's Rehabilitation Institute, Cockeysville, Maryland.

ASSISTANT DIRECTOR OF NURSES: West. Exclusive 100-bed sanitarium near Los Angeles; neuro-psychiatric and general; efficient supervision of floor nursing and executive ability required; single; \$225, board and living quarters. Apply: Director of Nurses, Garden Grove Sanitarium, Garden Grove, Calif.

ASSISTANT SCIENCE AND NURSING ARTS INSTRUCTOR: South. Salary \$150 and maintenance; pleasant living quarters; 50 students. Cadet Corps affiliation. Apply: Supt. of Nurses, Tampa Municipal Hospital, Tampa 6, Florida.

***BACTERIOLOGIST:** Junior rating. \$190 to start with regular salary raise every six

months. After three years attain senior rating and higher salary. (Placement bureau charges \$2 registration fee.) Box SM8-1.

***CHIEF NURSE:** South. New hospital of small size operated in conjunction with industrial program; \$3,400; winter resort town. (Placement bureau charges \$2 registration fee.) Box MB8-9.

***CLINIC NURSE:** Michigan. Active clinic; annual salary \$2,800; liberal bonus, paid vacation; maintenance available if desired. (Placement bureau charges \$2 registration fee.) Box C-248.

***DIRECTOR OF NURSES:** School of nursing operated under American auspices in United States' dependency; approximately 75 students; duties include some teaching; \$3,000, maintenance. (Placement bureau charges \$2 registration fee.) Box MB9-1.

GENERAL DUTY NURSES: West. University hospital for acute medical or surgical conditions admitting children under fourteen years. \$170 salary plus increases of \$5.00 each six months for two years, also an additional \$5.00 for evening and night duty. Apply: Shirley Thompson, Supt., Doernbecher Hospital, 3181 S. W. Marquam Hill Rd., Portland 1, Ore.

GENERAL DUTY NURSES: East. Tuberculosis hospital with surgical service. Apply: St. Joseph's Hospital for Chest Diseases, 525 East 143rd St., Bronx 54, N.Y.

GENERAL DUTY NURSES: Ohio. 60-bed general hospital, University city, 7½-hour day, 6-day week; two weeks vacation and sick leave yearly. Salary \$120 with full maintenance, increases after six months and one year. Apply: Supt., Jane Case Hospital, Delaware, Ohio.

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"O-O-O-O MY FEET!"

WHY SUFFER WITH FOOT
TROUBLES THAT DRAG YOU
DOWN? TIRED, BURNING,
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ING FEET OR CORNS AND
CALLOUSES GIVE YOU THAT
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GET PROMPT RELIEF WITH
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FORMULA OF BORAX,
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tenance. Provisions for vacations, sick leave, retirement, and group insurance. Apply: Mrs. Jane Grayburn, Directress of Nurses, Northern Liberties Hospital, Seventh and Brown Streets, Philadelphia, 23, Pa.

***GENERAL DUTY NURSES:** Southwest. Industrial hospital averaging 50 patients; well equipped, modern; \$190, maintenance (Placement bureau charges \$2 registration fee.) Box MB9-2.

GENERAL DUTY NURSES: California. Surgery; obstetrics; \$180-\$205; 48-hour week; head nurses, orthopedics, pediatrics, \$215; instructor, college degree, \$245. Vacation and sick leave. Apply: Director of Nursing, French Hospital, San Francisco, Calif.

GENERAL DUTY NURSES: California. General and maternity hospitals; 225 and 7 beds; \$200 to start, 2 meals on duty, laundry, health insurance; \$2.50 increase each 4 months for 3 years; 8-hour day; 48-hour week; extra for night shifts, surgical and maternity services. Apply: Miss Beatrice Bain, Supt. of Nurses, Sutter Hosp., Sacramento, Calif.

GENERAL DUTY NURSES: Michigan. 55-bed, 25-bassinets general hospital; \$140, maintenance. Apply: Cottage Hospital, Gross Pointe, Mich.

GENERAL DUTY NURSES: East. 2600-bed psychiatric institution; eligible for registration in Pa.; \$2,196 to start, less maintenance; regular increases to \$2,496. Apply: Supt., Torrance State Hospital, Torrance, Pa.

GENERAL DUTY NURSES: Kentucky. For hospital, clinic, or district; scholarships in School of Midwifery available to nurses who qualify; 6-weeks vacation with pay. Apply: Assistant Director, Frontier Nursing Service, Wendover, Ky.

GENERAL DUTY NURSES: Texas. 8-hour duty; \$150, full maintenance, or \$165 with meals and laundry. Also dietitian, salary open; laboratory technician, attractive salary and living conditions. Apply: North Plains Hospital, Borger, Texas.

GENERAL DUTY NURSES: East. Also assistant night supervisor, nursery nurse, surgical nurses. 8-hour duty; all-graduate staff; attractive salary. Apply: Directress of Nurses, Cornwall Hospital, Cornwall, N.Y.

GENERAL DUTY NURSES: Wisconsin. 8-hour shifts; good salary; beautiful nurses' home. Apply: Director of Nurses, Kenosha Hospital, Kenosha, Wis.

GENERAL DUTY NURSES: Wyoming. 25-bed hospital; \$150, full maintenance. Also surgical nurse, \$175, full maintenance. Apply: Lincoln County Miners' Hospital, Kemmerer, Wyo.

GENERAL DUTY NURSES: Michigan. \$180, maintenance; \$185, nights; \$5 increases in 3 and 6 months; vacation. Apply: Oakland County Tuberculosis Sanatorium, Pontiac, Mich.

GENERAL DUTY NURSES: Georgia. 100-bed approved general hospital; all graduate nurses; vacation; sick leave; \$120 start; full

*Listed by placement bureau.

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The management of hemorrhoids rests on solid therapeutic grounds when it achieves relief without resort to dangerous local narcotization or anesthetization. 'ANUSOL'* Hemorrhoidal Suppositories contain neither anesthetic nor narcotic agents and so do not mask the symptoms of more serious rectal pathology. Quick, safe relief is attained by the removal of inflammatory pressure on the nerve endings. Burning and itching are soothingly abated while demulcent protection guards against the complications of bleeding and infection.

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REAL in a
Knox Dish!**

With pure, unflavored Knox Gelatine, the patient can enjoy tempting dishes made with *real fruits and real vegetables*. Enjoy, too, all their flavor goodness and benefit by all their natural vitamins. *So much better than factory-flavored products!*

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GENERAL DUTY NURSES: Michigan. Operating room and floor duty; good salary; 6-day week. Nurses home available. Apply: East Side Hospital, Detroit, Mich.

***GENERAL DUTY NURSES:** West. Hospital in California needs 20 staff nurses, 11 to 7, \$180 for day shift and \$190 for night shift. (Placement bureau charges \$2 registration fee.) Box SM8-3.

GENERAL DUTY NURSES: Alaska. Salary \$191 with full maintenance; 8-hour day, 6-day week; tuberculosis sanatorium near town. Apply: Sister Supervisor, Skagway Sanatorium, Skagway, Alaska.

***INDUSTRIAL NURSE:** Midwest. First Aid and Home Visiting for large industrial plant near college town in northwestern Indiana. Car provided by company. Rooms and meals available also opportunity to further education; salary \$2,400. (Placement bureau charges \$2 registration fee.) Box C-249.

***INSTRUCTOR, CLINICAL:** 300-bed hospital with training school; medical and surgical; must have degree; straight shift of days; \$235. (Placement bureau charges \$2 registration fee.) Box SM8-2.

***MEDICAL SOCIAL WORKER:** West. 300-bed hospital offers \$2,340 annually for experienced individual; maintenance if desired. 150 miles south of San Francisco. (Placement bureau charges \$2 registration fee.) Box C-252.

OBSTETRICAL SUPERVISOR: South. Post-graduate course; capable of teaching student nurses; \$165 and full maintenance; 300-bed hospital, 50 students, Cadet Corps affiliation. Apply: Supt. of Nurses, Tampa Municipal Hospital, Tampa, Fla.

*OFFICE: Alaska. Doctor in southern Alaska needs office nurse who can type. Salary \$200. One afternoon and Sunday free each week; 2 weeks' vacation after a year. (Placement bureau charges \$2 registration fee.) Box SM8-6.

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nurse; salary open. (Placement bureau charges \$2 registration fee.) Box C-251.

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***OPERATING ROOM, SUPERVISOR:** California. 300-bed hospital located in fairly large town less than hour's ride from San Francisco; salary, \$3,000. (Placement bureau charges \$2 registration fee.) Box MB9-3.

***PSYCHIATRIC INSTRUCTOR:** South. Large hospital located in university medical center; \$300, including maintenance; allowance of \$75 without maintenance if desired. (Placement bureau charges \$2 registration fee.) Box MB9-4.

PUBLIC HEALTH NURSES: Georgia. Staff nurses: minimum 6 months post-graduate P.H.N. education; \$1860 to \$2040, liberal travel allowance. Supervisory: minimum 2 years experience plus one academic year postgraduate training; \$2100 to \$2280, travel allowances. Scholarships available for graduates interested in P.H.N. training. Apply: Personnel Administrator, State Health Department, State Office Building, Atlanta, Ga.

PUBLIC HEALTH NURSES: Texas. Clinic and field work with Houston Anti-Tuberculosis League; car necessary; salary commensurate with qualifications, \$150 to \$175 plus car allowance for 44 hour week. Day work—6 days a week. Educational opportunities increasing. Apply: Miss Emmeline J. Rennis, P.O. Box 2193, Houston 1, Tex.

***REGISTERED RECORD LIBRARIAN:** West Coast. 411-bed hospital in San Francisco area; must be well qualified; salary \$200 to \$250; paid annual vacation and sick leave. (Placement bureau charges \$2 registration fee.) Box C-253.

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SUPERVISORS: Florida. Surgical and Medical Floor Supervisor; also pediatric supervisor men and women; private. \$150 and full maintenance. Apply: Supt of Nurses, Tampa Municipal Hospital, Tampa, Fla.

***SUPERVISORS:** 300-bed hospital needs 2 supervisors for medical and surgical, with two years of college. Salary \$225; one supervisor for pediatrics, 15 to 18 beds. Salary \$213. (Placement bureau charges \$2 registration fee.) Box SM8-4.

SUPERVISOR: California. Private tuberculosis hospital; excellent working and living conditions. Apply: Supt. of Nurses, La Vina Sanatorium, La Vina, Calif.

***SUPERINTENDENT:** South. Preferably someone skilled in public relations so as to assist generally during proposed building program; no training school; all graduate staff; 100-beds. (Placement bureau charges \$2 registration fee.) Box MB9-6.

***SUPERINTENDENT OF HOSPITAL:** Must have surgical nursing experience; take complete charge 12-bed hospital; \$250 minimum. (Placement bureau charges \$2 registration fee.) SM8-5.

SUPERINTENDENT OF NURSES: California. Small hospital; all-graduate staff; \$3,000. (Placement bureau charges \$2 registration fee.) Box MB9-7.

***SURGICAL NURSE:** Michigan. Small hospital; duties consist of complete charge of surgery and serving as instrument nurse to chief surgeon; \$200-\$300. (Placement bureau charges \$2 registration fee.) Box MB9-8.

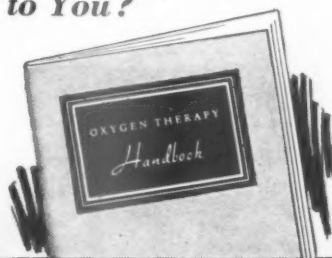
***SURGICAL SUPERVISOR:** Alabama. Small hospital located in town of 12,000; \$200, maintenance. (Placement bureau charges \$2 registration fee.) Box MB9-9.

**Listed by placement bureau.*

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Many physicians find MINIT-RUB an effective therapeutic aid in treating myalgia by counterirritation.

Recent pharmacologic studies show that counterirritants not only increase the local blood supply through reflex action, but tend to modify internal pathology by affecting trophic or vasomotor nerves supplying remote tissues.

By inducing local hyperemia and bringing comforting warmth to affected areas, MINIT-RUB is an effective weapon in the treatment of myalgia and myositis. To ease "between visit" pain—which often delays successful treatment of the condition itself—home-massage with MINIT-RUB is suggested. This makes the patient feel easier—more responsive.

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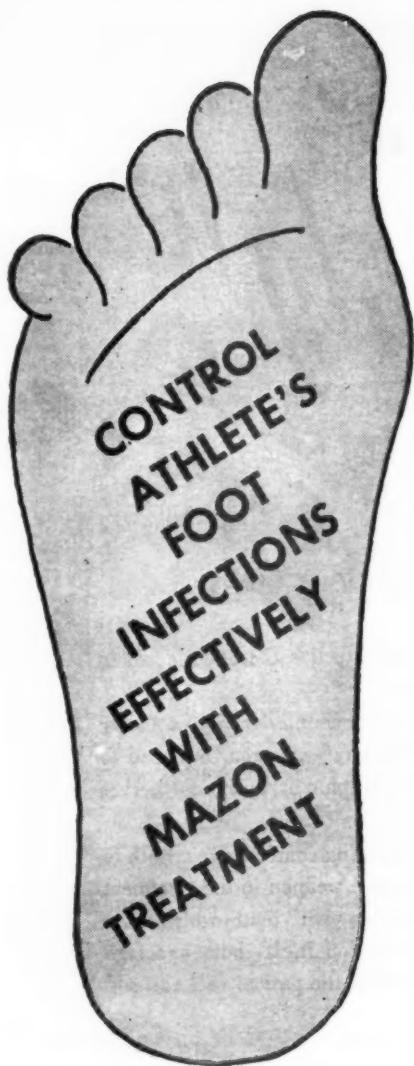
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Mazon is effective because it inhibits growth of the Trichophyton, Athlete's Foot fungus.

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In Low Caloric Diets Breakfast Is Doubly Important

In order to preserve the health of the patient, the low caloric diet must be nutritionally adequate in every respect, except in its caloric content. In order to avoid excessive hunger which might render such a diet more difficult for the patient, medical and nutritional authorities recommend that one third of the daily food allowance be assigned to each meal, distributing the total equally over the day.

Hence in the customary 1,200-calorie diet breakfast equals the other two meals not only in calories, but in protein, carbohydrate, fat, and auxiliary nutrients as well. In this manner no excessive digestive burden is placed upon the organism called upon to metabolize its stored fat.

Cereals, whether to be cooked or ready to eat, fit well into the low caloric diet. The large variety of form and taste available makes for appetite appeal and permits daily variation if desired. The dish consisting of 1 oz.

of cereal, 4 oz. of skim milk, and 1 scant teaspoonful of sugar provides but 158 calories, yet supplies biologically adequate protein, B complex and other vitamins, and essential minerals. Cereals, because of their advantageous composition, may well be included not only in the formulation of the breakfast, but the other two meals as well. The nutritional contribution made by 1 oz. of cereal (whole grain, enriched, or restored to whole-grain values of thiamine, niacin, and iron), 4 oz. of skim milk, and 1 scant teaspoonful of sugar is indicated by this table of composite averages:

Calories.....	158
Protein.....	6.9 Gm.
Fat.....	0.6 Gm.
Carbohydrate.....	32 Gm.
Calcium.....	158 mg.
Phosphorus.....	207 mg.
Iron.....	1.8 mg.
Thiamine.....	0.17 mg.
Riboflavin.....	0.27 mg.
Niacin.....	1.4 mg.



The presence of this seal indicates that all nutritional statements in this advertisement have been found acceptable by the Council on Foods and Nutrition of the American Medical Association.

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Aznoe's-Woodward Medical Personnel Bureau	72
Belmont Laboratories Co.	92
Bencone Uniforms Co.	72
Bishop & Co., J.	55
Bristol-Myers Co.	18, 73, 91
Burroughs Wellcome & Co., Inc. Back cover	
Business & Medical Registry	20
Camels	13
Campho-Phenique	62
Cereal Institute, Inc.	89
Chesebrough Mfg. Co., Cons'd.	71
Ciba Pharmaceutical Products, Inc.	15
Clapp, Harold H., Inc.	17
Cutter Laboratories	81
Davol Rubber	93
Dennison Mfg. Co., The	80
Denver Chemical Mfg. Co., The	66
Desitin Chemical Co.	77
Detroit First-Aid Co.	54
Dunne and Dunne Agency	8
Enameled Utensil Mfrs. Council	67
Energine Shoe White	12
Fitch Co., F. W.	83
Gerber Products Co.	23
Great A & P Tea Co.	5
Griffin Mfg. Co.	21
Hirestra Laboratories, Inc.	69
Hollings-Smith Co.	95
Hoover Mfg. & Sales Co.	68
Johnson & Johnson	82
Johnson's Foot Soap	86

Knox Gelatine Co., Inc., Chas. B.	88
Kress & Owen Co.	64
Lehn & Fink Products Corp.	61
Linde Air Products Co., The	90
Maybelline Co.	22
McKesson & Robbins, Inc.	16
Medical Bureau, The	10
Mennen Co., The	53
Merck & Co., Inc.	70
Morris & Co., Ltd., Inc., Philip	25
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Nurses Personal Service	86
Phillips Co., The Chas. H.	65
Polident	79
Resinol Chemical Co.	58
Reynolds Tobacco Co., R. J.	13
R. N. Specialty Co.	74
Schering & Glatz, Inc.	87
Schoonmaker Laboratories, Inc.	56
Sharp & Dohme, Inc. Inside back cover	
Shay Medical Agency	88
Spencer, Inc.	2
Tailby-Nason Co.	14
Tarbonis Co., The	11
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Hay Fever Relief

begins in 10 minutes

with a simple 6 gr. tablet of
1/24 gr. ephedrine hydrochloride, NaCl,
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FOUR TABLETS of Nakamo Bell will
provide relief usually beginning within
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So many doctors are now prescribing and
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Check this tablet for yourself, and let
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“Trial is proof”

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Sample Nakamo Bell, please.

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Of all leading brands we tested...

No other Deodorant

**stops perspiration and odor
so effectively, yet so safely!**



LITTLE DIRNDL DRESS of navy crepe, with big stitched cuffs and turtle neck collar of white pique. Don't risk spoiling the crisp, cool look with underarm perspiration stains! Smart women use Arrid daily for constant protection against ugly stains and embarrassing odor. You can trust Arrid!

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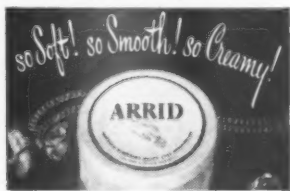


YOU, as a Registered Nurse, are entitled to know the facts about deodorants. You ought to know which one gives utmost protection against perspiration and odor, with safety to clothes and skin.

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ARRID

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most common presenting
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